

2008

# NEEDS AND ASSETS REPORT



FIRST THINGS FIRST

**South Phoenix**

Regional Partnership Council



## South Phoenix

### Regional Partnership Council

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#### 2008 Needs and Assets Report

Submitted in accordance with ARS 8-1161. Each regional partnership council shall submit a report detailing assets, coordination opportunities and unmet needs to the board biannually. The regional partnership council's needs and assets assessment shall be forwarded to the board for final approval no later than September 1 of each even-numbered year, beginning in 2008. The board shall have discretion to approve or reject a council's assessment in whole or in part or to require revisions. The board shall act on all needs and assets assessments no later than October 1 of each even-numbered year, beginning in 2008.

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## First Things First – A Statewide Overview

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**T**he mission of First Things First (FTF) is to increase the quality of, and access to, early childhood programs that will ensure that a child entering school comes healthy and ready to succeed. The governance model of First Things First includes a state – level Board (12 members in total and of whom nine are appointed by the Governor) and Regional Partnership Councils, each comprised of eleven members appointed by the State Board (Board). The model combines consistent state infrastructure and oversight with strong local community involvement in the planning and delivery of services.

First Things First has responsibility for planning and implementing actions that will result in an improved system of early childhood development and health statewide. The Regional Partnership Councils, 31 in total, represent a voluntary governance body responsible for planning and implementing actions to improve early childhood development and health outcomes within a defined geographic area (“region”) of the state. The Board and Regional Partnership Councils will work together with the entire community – all sectors – and the Arizona Tribes to ensure that a comprehensive, high quality, culturally sensitive early childhood development and health system is put in place for children and families and accomplishes the following:

- Improve the quality of early childhood development and health programs
- Increase access to quality early childhood development and health programs
- Increase access to preventive health care and health screenings for children through age five
- Offer parent and family support and education concerning early child development and literacy
- Provide professional development and training for early childhood development and health providers
- Increase coordinator of early childhood development and health programs and public information about the importance of early childhood development and health.



## The South Phoenix Regional Partnership Council

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The First Things First South Phoenix Regional Partnership Council (Regional Council) works to ensure that all children in the region are afforded an equal chance to reach their fullest potential. The Regional Council is charged with partnering with the community to provide families opportunities to improve their children's educational and developmental outcomes. By investing in young children, the Regional Council and its partners will help build brighter futures for the region's next generation of leaders, ultimately contributing to economic growth and the region's overall well being.





To achieve this goal, the South Phoenix Regional Partnership Council, with its community partners, will work to build a system that builds and sustains a coordinated network of early childhood programs and services for the young children of the region. As a first step, The First Things First report, *Building Bright Futures: A Community Profile*, provides a glimpse of indicators that reflect child well being in the state and begins the process of assessing needs and establishing priorities. The report reviews the status of the programs and services serving children and their families and highlights the challenges confronting children, their families, and the community. The report also captures opportunities that exist to improve the health, well-being, and school readiness of young children.

In the fall of 2008, the South Phoenix Regional Partnership Council will undertake strategic planning and set a three-year strategic direction that will define the Regional Council's initial focus in achieving positive outcomes for young children and their families. The Regional Council's strategic plan will align with the State-wide Strategic Direction approved by the FTF Board in March 2008.

To effectively plan and make programming decisions, the Regional Council must first be fully informed of the current status of children in the South Phoenix Region. This report serves as a planning tool for the Regional Council as they design their strategic roadmap to improve the early childhood development and health outcomes for young children. Through the identification of regional needs and assets and the synthesis of community input, this initial report begins to outline possible priority areas for which the Regional Council may focus its efforts and resources.

It is important to note the challenges in writing this report. While numerous sources for data exist in the state and region, the information was often difficult to analyze and not all the state data could be analyzed at a regional level. Lack of a coordinated data collection system among the various state agencies and early childhood organizations often produced statistical inaccuracies and duplication of numbers. Additionally, many indicators that could effectively assess children's healthy growth and development are not currently or consistently measured.

Nonetheless, FTF was successful in many instances obtaining data from other state agencies, Tribes, and a broad array of community-based organizations. In FTF's effort to develop regional needs and assets reports, FTF has begun the process of pulling together information that traditionally exists in silos to create a picture of the well being of children and families in various parts of our state.

The First Things First model is for the Regional Council to work with the FTF Board to improve data collection at the regional level so that the Regional Council has reliable and consistent data in order to make good decisions to advance the services and supports available to young children and their families. In the fall of 2008, FTF will conduct a family and community survey that will provide information on parent knowledge related to early childhood development and health and their perception of access to services and the coordination of existing services. The survey results will be available early 2009 and include a statewide and regional analysis.



## Executive Summary

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**F**irst Things First presents Arizona with the unprecedented opportunity to create an early childhood system that affords all children an equal chance to reach their fullest potential, gives families real choices, about their children's educational and developmental experiences, and includes every community through the 31 Regional Partnership Councils, in sharing the responsibility as well as the benefits of safe, healthy, and productive citizens.

The First Things First South Phoenix Regional Partnership Council with its community partners will work to create a system that builds and sustains a coordinate network of early childhood programs and services for the young children of the region. A primarily urban area within the Phoenix metropolitan area, the region extends from the far West Valley's Agua Fria River basin at 122<sup>nd</sup> Avenue south of Camelback Road and as far east as 48th Street and Southern Road.

The South Phoenix Region is comprised of nine zip codes: 85009, 85031, 85033, 85035, 85037, 85040, 85041, 85043, and 85339. The 85339 zip code contains an area distinct from the other Phoenix zip codes in the region – the city of Laveen – which also contains the most land in the region (just over 100 square miles). The smallest area within the region is the 85031 zip code. Measuring just over four square miles, this area located near the city village of Maryvale contains the fourth highest population of the nine zip codes in the region. Over 7,000 people live in each square mile, according to the 2000 Census.

The South Phoenix Region is home to several school districts including: Roosevelt, Laveen, Murphy, Fowler, Riverside, Isaac, Cartwright and several schools from the Pendergast and Tolleson school districts.

Despite recently plummeting home sales and increased immigration enforcement, the South Phoenix Region continues to experience higher than state average population increases. The birth through age five population grew by more than 32 percent from 2000 to 2007. In 2007, over 47,000 children birth through age five lived in the South Phoenix Region.

Young children living in Phoenix are primarily Hispanic or Latino. In 2006, 62 percent of the births in Phoenix were to Hispanic or Latino women. Fifty-five percent of children in Phoenix are low income, living at or below 200 percent of the Federal Poverty Level. Sixty-nine percent of such children live in immigrant households, according to KidsCount 2006.

Many children in the South Phoenix Region face struggles from the very start of life. The region has a high number of teen parents, who are likely to be less prepared to parent than their older counterparts. The area also has a rate of preventable infant deaths, many of which can be attributed to the mother's health prior to and during pregnancy. A smaller percent of two-year-olds appear to be immunized than their counterparts statewide.

Children in the South Phoenix Region are exposed to numerous risk factors, requiring sustainable actions to protect their physical, emotional, social, and behavioral health. There is an extremely high rate of crime and family criminality in the 85040 and 85041 (South Mountain) zip code areas, which has long-term negative effects on the physical, social, and emotional well-being of children, especially children of prisoners. In 2004, the South Mountain area had a prison admission rate of 12.3 admissions per 1,000 people compared to a statewide rate of 4.81 admissions per

1,000, as reported by the Arizona Department of Corrections. South Mountain makes up 1.1 percent of the State's resident population but is home to 6.5 percent of the State's prison population. There are approximately 1,360 children of prisoners living in either 85040 or 85041 on any given day.

The South Phoenix Region also experiences difficulties countering the effects child abuse and neglect. Five of the eight zip codes in the region experience a foster home shortage.

Children in the region appear to lack adequate school preparedness as they enter kindergarten. Many of the children entering school fall far below their counterparts on the DIBELS<sup>1</sup> assessment – one indicator of literacy preparedness. Elementary students enrolled in the South Phoenix Region's school districts far fall below state averages for reading, writing, and math by third grade.

Access to high quality early care and education appears to be a significant issue for the region. There are only ten NAEYC accredited early care and education programs in region. There are 95 licensed child care centers (including public school sites) and 76 regulated small group homes. While no data on unregulated care is available, it appears that many of the children in the region are being cared for in unregulated homes, or by family members. The Child Care Resource and Referral database has identified 355 family care homes in the South Phoenix Region. These homes are in addition to licensed and regulated sites in the region. Total capacity for early care and education of the region in regulated care is an estimated 8,729—slots slightly over 5,600 young children are enrolled in these programs. According to Child Care Resource and Referral, there is an estimated capacity to serve 4,499 infants and toddlers. With nearly half the total birth through age five regional population between the ages of birth through two, there are a projected 66 to 88 percent of infants and toddlers left without the opportunity to access quality care.

The South Phoenix Regional Partnership Council is embarking on a daunting task of assisting young children and families facing numerous challenges. Nonetheless, the region possesses much strength to propel the work of the council and build regional capacity. Assets include schools, faith groups, community-based agencies, community health centers, and nontraditional partners that are invested in the well being of children and families.

## Overview of the South Phoenix Region

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**A** primarily urban area within the Phoenix metropolitan area, the South Phoenix Region extends from the far west valley Agua Fria River basin at 122<sup>nd</sup> Avenue south of Camelback Road and as far east as 48th Street and Southern Road. The South Phoenix region is comprised of nine zip codes: 85009, 85031, 85033, 85035, 85037, 85040, 85041, 85043, and 85339.

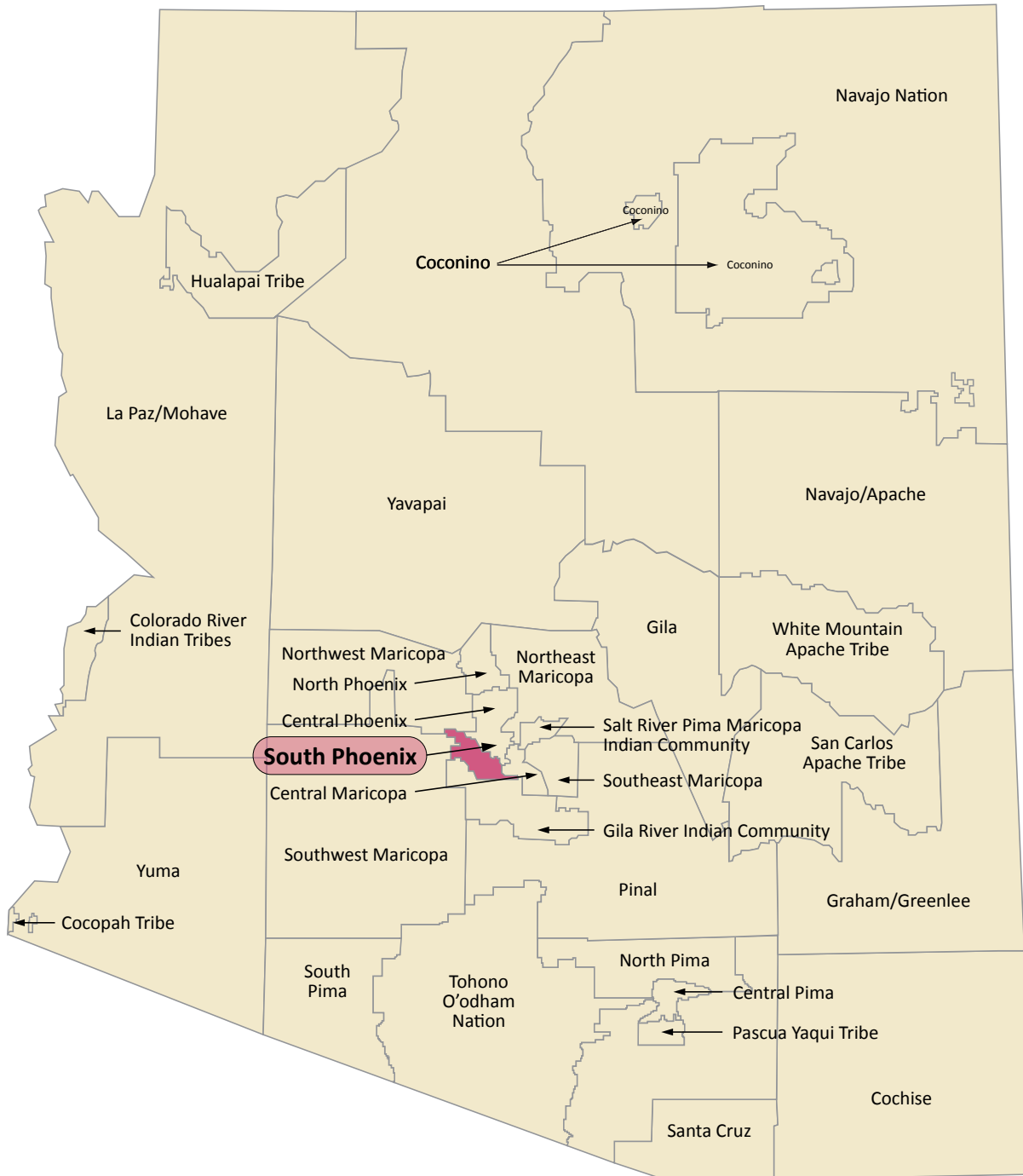
The 85033 zip code contains an area distinct from the other Phoenix zip codes in the region. The city of Laveen contains the most land in the region – just over 100 square miles. The smallest area within the region is the 85031 zip code area. Located near the city of Maryvale, the area is only a little more than four square miles in area, but it

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<sup>1</sup> The DIBELS (Dynamic Indicators of Basic Literacy Skills) is used to identify children's reading skills upon entry to school and to measure their reading progress throughout the year.

contains the fourth most populous area of the nine zip codes in the region. Over 7,000 people live with each square mile, according to year 2000 Census Bureau reports.<sup>2</sup>

In 2007, nine different school districts served the South Phoenix Region.<sup>3</sup> School Districts in the region include: Roosevelt, Laveen, Murphy, Fowler, Riverside, Cartwright, Isaac and several schools from Pendergast and Tolleson school districts. Each of the districts serves a diverse community with varying socio-economic and racial demographics.<sup>4</sup>



<sup>2</sup> 2000 U.S. Census

<sup>3</sup> Arizona Department of Education School Report Cards, 2007.

<sup>4</sup> Census 2000, American Community Survey 2006,2007.







# Regional Child and Family Indicators

## Regional Population

From 2000 to 2007, the South Phoenix Region's population grew at a faster rate (29 percent) than the state. Phoenix's population grew at rate that was nearly three times the national average.

In the region, dramatic growth in the number of children birth through five occurred from 2000-2007. The South Phoenix Region's growth rate for children birth through five (32 percent) outpaced the state's growth rate for the same population (30 percent). The rate of increase in the number of children birth through age five was four times the national rate between 2000 and 2007. In 2007, there were 47,247 children birth through age five in the South Phoenix Region.

### South Phoenix-Population Growth (All Ages)

	2000	2007	% Change
South Phoenix Region*	328,738	424,072	+29%
Phoenix*	1,321,045	1,512,986	+14%
Arizona	281,421,906	301,621,157	+7%
U.S.	273,643,273	299,398,484	+9%

\*South Phoenix by included zips Source: US Census 2000, Summary File SF2 and US Census Population Estimates Program (PEP) 2007 estimates.

### Population Growth for Children Birth through age five years

	2000	2007	% Change
South Phoenix Region*	35,259	47,247	+32%
Phoenix	381,833	480,491	+26%
Arizona	459,141	594,110	+29%
U.S.	23,140,901	24,755,834	+7%

Source: US Census 2000, Summary File SF2 and US Census Population Estimates Program (PEP) 2007 estimates.

## Regional Race, Ethnicity and Language

### Race and Ethnicity Characteristics

According to the 2006 American Community Survey, the City of Phoenix's racial make-up was 41 percent Hispanic/Latino, 48 percent White/Non-Hispanic, 6 percent Black/African American, 2 percent American Indian, and 2 percent Asian American.

### Racial Composition, Phoenix, Arizona (2006)

	African American	American Indian	Asian/Pacific Islander	Hispanic/ Latino (of any race)	White, not-Hispanic
Phoenix	6%	2%	2%	41%	48%
Arizona	4%	5%	2%	29%	60%

Source: American Community Survey, 2006.

A closer look at the South Phoenix Region reveals sharp differences in race and ethnicity among areas, and many areas that are heavily Latino and African American. For example, in the 85009 zip code area (which borders the Sky Harbor Airport near Interstate 10), 76 percent of the population is Latino, compared to the 85040 zip code area where 58 percent of the population is Latino and 22 percent of residents are African American. Throughout the region, the Latino demographic is much larger as a percentage of the region's population than elsewhere in Arizona. Arizona birth data in 2006 reflects a changing demographic both statewide and in Phoenix. The largest percentage of births in 2006 was among Hispanic or Latino families (62 percent), followed by births to Whites (26 percent). Data from the South Phoenix area for mothers giving birth show that 70 percent were Hispanic, 10 percent African American, 3 percent American Indian, and 14 percent White. These data indicate that there are ethnic and racial differences between the South Phoenix Region and the City of Phoenix.

#### Births by Mother's Race/Ethnic Group for the Phoenix Metro Area (2006)

	White Non-Hispanic	Hispanic or Latino	Black or African American	American Indian or Alaska Native	Asian American or Pacific Islander	Unknown
<b>Phoenix</b>	26% (7,244)	62% (17,083)	5% (1,480)	3% (866)	2% (642)	1% (218)
<b>Arizona</b>	42% (43,013)	44% (44,862)	4% (3,864)	6% (6,364)	3% (3,136)	<1% (803)

\* Data only available for the Phoenix Metro Area. Source: ADHS Vital Statistics, 2006.

### Immigration Status

In examining data relevant to the South Phoenix Region, only data for the entire Phoenix area is available. This data reveals that Phoenix has a higher percentage of immigrants than the state. Phoenix has 8 percent more foreign-born residents than the statewide average. In Phoenix, 48 percent of children live with immigrant families.

#### Regional Ethnicity and Immigration Characteristics (2006)

	Citizens Born in the United States	Foreign Born Naturalized Citizens	Non-US Citizens	Foreign-born
<b>Phoenix*</b>	(77%) 1,095,494	(5%) 76,538	(18%) 257,605	(23%) 334,143
<b>Arizona</b>	(85%) 5,237,235	(4%) 273,700	(11%) 655,383	(15%) 929,083
<b>U.S.</b>	(87%) 261,850,696	(5%) 15,767,731	(7%) 21,780,050	(12%) 37,547,789

\* Census data not available at the sub-county level. Only city and county level data was available. Source: American Community Survey (2006).

Although the exact number of children born to immigrant families is unknown in the South Phoenix Region, children born to immigrant families are themselves likely to be citizens. Citizenship status allows children to qualify for public benefits such as AHC-CCS or KidsCare (publicly financed health insurance for low-income children) that are

generally off limits to non-citizens. Nonetheless, citizenship status does not guarantee that young children are able to access services. Even though more young children in the region are likely to be citizens, the citizenship status of their parents may affect their access to services. National studies suggest that many eligible “citizen children” with non-citizen parents are unaware of services or afraid of the consequences of participating in public programs because of their legal status and citizenship.<sup>5</sup>

### Children in Immigrant Families, Phoenix (2006)

Phoenix	48%
Arizona	30%
US	22%

Source: Annie E. Casey Foundation. KidsCount. Children in Immigrant Families, Phoenix, AZ. As determined by the 2000 and 2001 Supplementary Survey and the 2002 through 2006 American Community Survey (ACS).

Children of immigrants face challenges that children of native-born parents do not. Educational attainment of immigrant parents is often quite limited. Nationally, 40 percent of children in immigrant families live with a mother or father who has not graduated from high school, compared to 12 percent of children in non-immigrant families. Parents who have completed fewer years of schooling may be less able to help their children learn to read. In addition, children of immigrants may be less prepared than their counterparts to start Kindergarten. Nationally, three – and four-year-old children in immigrant families are less likely to participate in nursery school or preschool programs than their peers.<sup>6</sup>

Immigrant families in Phoenix are also much more likely to be low income, suggesting that they and their children may face other economic-related barriers.

### Children Living in Low-Income Families (below 200% of the poverty threshold), by Children in Immigrant Families (2006)

	Children in Immigrant Families	Children in U.S. Born Families
Phoenix	69%	37%
Arizona	64%	38%
U.S.	50%	37%

Source: Annie E. Casey Foundation. Kids Count. Children Living in Low-Income Families (Below 200% of the Poverty Threshold), by Children in Immigrant Families, Phoenix, AZ. As determined by the 2000 and 2001 Supplementary Survey and the 2002 through 2006 American Community Survey (ACS).

While many of the children in the Phoenix region are likely to be part of an immigrant family, they themselves are likely to be citizens. Citizenship status allows children to qualify for public benefits such as AHCCCS or KidsCare (publicly financed health insurance for low-income children) that are generally off limits to non-citizens.

<sup>5</sup> Capps, R., Hagan, J. and Rodriguez, N. “Border Residents Manage the U.S. Immigration and Welfare Reforms.” In *Immigrants, Welfare Reform, and the Poverty of Policy*. Westport, CT: Praeger, 2004.

<sup>6</sup> (Children’s Action Alliance. “Going Beyond the Immigration Hype: Children and Our Shared Destiny” Fact Sheet, 2006).

**Child Population, by Nativity, Phoenix (2006)**

	Native Born	Foreign-Born
Phoenix	89%	11%
Arizona	94%	6%
U.S.	96%	4%

Source: Annie E. Casey Foundation. Kids Count. Child Population, by Nativity, Phoenix, AZ. As determined by the 2000 and 2001 Supplementary Survey and the 2002 through 2006 American Community Survey (ACS).

Nonetheless, citizenship status does not guarantee that young children are able to access services. Even though most young children in the region are likely to be citizens, the citizenship status of their parent may also affect their access to services. National studies suggest that many eligible citizen children with noncitizen parents are unaware or afraid of the consequences of participating in public programs on their legal status and citizenship.<sup>7</sup> Similarly, interviews with local providers and educators suggest that families in which one or more parents are undocumented may not obtain needed services due to fear that they may be detained or deported. Schools and faith-based organizations are often considered to be “safe” places where families are more likely to access services for their citizen children.

**Language Characteristics**

Language characteristics, in terms of language primacy or fluency, are generally not measured in children until they reach their fifth year. As a result, data on these characteristics are usually limited to children over the age of five. Data from the most recent Kids Count and American Community Survey estimate that up to 32 percent of Arizona children ages five to 18 speak a language other than English.

Household language use has an influence on a young child’s language acquisition. In the City of Phoenix, 40 percent of families with young children primarily speak Spanish or another language at home, compared to 28 percent of families statewide. In recent years, the percent of children living in linguistically isolated households in the regions has risen. According to the U.S. Census Bureau, the families living in the City of Phoenix that spoke language other than English rose by 6.8 percent between 2000 and 2006.

**Children Living in Linguistically Isolated Households, by Children in Immigrant Families (2006)**

	Children in Immigrant Families	Children in U.S. Born Families
Phoenix	39%	1%
Arizona	35%	1%
U.S.	27%	1%

Source: Annie E. Casey Foundation. KidsCount. Children Living in Linguistically Isolated Households, By Children in Immigrant Families, Phoenix, AZ. As determined by the Population Reference Bureau, analysis of data from the U.S. Census Bureau, Census 2000 Supplementary Survey, 2001 Supplementary Survey, 2002 through 2006 American Community Survey.

<sup>7</sup> Capps, R, Hagan, J and Rodriguez, N. “Border Residents Manage the U.S. Immigration and Welfare Reforms.” In *Immigrants, Welfare Reform, and the Poverty of Policy*. Westport, CT: Praeger, 2004.

## Family Composition

### Single Parent Families

In Phoenix, most children (64 percent) live in a household headed by a married couple. Twenty-five percent of households are headed by single mothers. Another 10 percent are headed by single fathers. Children in the Phoenix area are slightly more likely to be living in a single headed household than other Arizona children.

#### Child Population, by Household Type, (2006)

	Married-Couple Household	Father-Only Household	Mother-Only Household
<b>Phoenix</b>	64%	10%	25%
<b>Arizona</b>	67%	9%	23%
<b>U.S.</b>	68%	7%	24%

Source: Kids Count: Child and Family Characteristics 2006.

Children growing up in single-parent families typically do not have the same economic or human resources available as those growing up in two-parent families. Nationally, 33 percent of single-parent families with related children had incomes below the poverty line, compared to 6 percent of married-couple families with children. Only about one-third of female-headed families reported receiving any child support or alimony payments in 2006.<sup>8</sup> One-parent families often face overwhelming demands of work, housework, and parenting.

### Teen Parent Households

Phoenix has remained five points above the national figures and three points above Arizona overall in percentages of children born to young women 19 years old and under, with percentages fairly stable over five years.

#### Percentage of Children Born to Teen\* Mothers

	2002	2003	2004	2005	2006
<b>Phoenix</b>	16%	15%	16%	15%	15%
<b>Arizona</b>	13%	12%	12%	12%	12%
<b>U.S.</b>	11%	10%	10%	10%	10**

\*Teen defined as 19 years and under. Sources: American Community Survey, National Center for Health Statistics, ADHS Vital Statistics \*\*Preliminary Data for 2006, 12/5/2006.

Babies born to teen mothers are more likely than other children to be born at a low birth weight, experience health problems and developmental delays, experience abuse or neglect and perform poorly in school. As they grow older, these children are more likely to drop out of school, get into trouble, and end up as teen parents themselves.<sup>9</sup>

The state average for teenage births has remained relatively constant at around 12 percent for more than five years. Little progress has been made in reducing the

8 Kids Count: Child and Family Characteristics 2006.

9 Annie E. Casey Foundation. KidsCount Indicator Brief: Preventing Teen Births, 2003.

prevalence of Arizona teen mothers giving birth to a second child.<sup>10</sup> Births to teen mothers have implications on the need for early childhood services. Literature suggests that teen mothers often need high-quality early education for their young children so that they themselves can complete high school. In turn, high school drop-out affects the earning potential of teenage mothers and outcomes for young children.<sup>11</sup>

According to data from 2006, the number of mothers, ages 19 years or younger, as well as the number of unwed mothers, was significantly higher in the communities of Phoenix and Laveen.

In specific areas of the South Phoenix Region, the rate of teen births is significantly higher than Phoenix as a whole. Data from six census tracts from 2006 reveals teen birth rates of 16 percent or higher. (Data is for census tract numbers: 1138.00, 1143.01, 1148.00, 1153.00, 1155.00, and 1161.00).

The percent of unwed mothers in the region is also high. Both Phoenix and Laveen have high rates of births to unwed mothers at 54 and 37 percent respectively. In the six census tract areas listed above, the percent of unwed mothers ranged from 16 to 54 percent.

In a study conducted in South Phoenix of 262 mothers who delivered a live infant in 1999 – 2000, 32 percent reported that they were not trying to get pregnant, but were not using any form of birth control.<sup>12</sup> Of particular interest, almost half (42 percent) noted that barriers to birth control usage were the main reason for not doing anything to avoid pregnancy. They listed the following barriers: husbands not wanting to use birth control (21 percent), difficulty obtaining birth control (11 percent), and birth control side effects (11 percent).

Grandparent Households

In Phoenix, just like other areas of the state, a significant number of grandchildren are in the care of their grandparents. One in 20 children in Phoenix has a grandparent as a primary caregiver. These grandparents often face challenges.

Grandchildren in the Care of Grandparents (2006)

Phoenix	5%
Arizona	5%
U.S.	5%

Source: KidsCount.

Grandparent caregivers are more likely to be poor compared to their parent-main-tained families. The 2000 census showed that 19 percent of grandparent caregiver households live below the poverty line, as compared to 14 percent of households with parents.<sup>13</sup> Furthermore, a portion of grandparent caregivers have either disabilities or

10 Perinatal Periods of Risk: A Community Approach to Address Fetal and Infant Mortality in Maricopa County, Maricopa County Department of Public Health, July 2004

11 National Women's Law Center. When Girls Don't Graduate, We All Fail, 2007. Also see Magnuson, K.A. and McGroder, S.M. "The Effect of Increasing Welfare Mother's Education on their Young Children's Academic Problems and School Readiness. Working Paper. Northwestern University, Joint Center for Poverty Research.,

12 Maricopa County Maternal and Child Health Needs Assessment, 2003, Maricopa Department of Public Health.

13 Census 2000. Grandparents Living with Grandchildren, 2000, Census Brief.



age related functional limitations that affect their ability to respond to the needs of grandchildren. In 2006, 37 percent of grandparents (60 years old or older) living with grandchildren had a disability.<sup>14</sup>

## Employment, Income and Poverty

Joblessness can impact the home and family environment. In Arizona, recent unemployment rates have ranged from a high of 6 percent in 2002 to a low of 3.3 percent in May of 2007. For the most recent 12 month reporting period, unemployment in Arizona has mirrored the national trend where an economic downturn has led to higher joblessness rates. In high growth areas of Arizona such as Phoenix, unemployment rates are lower than the state and national averages.

Although there is no region-specific unemployment data available for the South Phoenix Region, communities that continue to experience large population growth are often fueled by a growing employment sector as well, so the Phoenix metro rates reported here may resemble the regional data.

### Unemployment Rates

	May 2007	April 2008	May 2008
<b>Phoenix, Mesa, Scottsdale Metropolitan Statistical Area*</b>	2.7%	3.2%	3.5%
<b>Arizona</b>	3.6%	3.9%	4.4%
<b>U.S.</b>	4.5%	5.0%	5.5%

\*Data available only for this area.

Source: Arizona Dept. of Commerce, Research Administration (June, 2008).

### Annual Income

The South Phoenix Region has a wide variation in median income. Overall, this region is a low income area. In Arizona, during 2006, the state median household income was reported at just over \$47,000 per year, very close to the national average of \$48,000 per year.

### Median<sup>15</sup> Annual Household Income (Per Year – Pretax)

	2002	2003	2004	2005	2006
<b>Maricopa County</b>	\$45,776	\$44,901	\$46,111	\$48,711	\$52,521
<b>Arizona</b>	\$41,172	\$40,762	\$41,995	\$44,282	\$47,265
<b>U.S.</b>	\$43,057	\$43,564	\$44,694	\$46,242	\$48,451

\*Data includes all of Maricopa County

Source: American Community Survey; Arizona Department of Commerce, Research Administration; [zipcodestats.com](http://zipcodestats.com).

<sup>14</sup> 2006 American Community Survey.

<sup>15</sup> The median, or mid-point, is used to measure income rather than taking the average, because the high income households would skew the average income and artificially inflate the estimate. Instead, the median is used to identify income in the middle of the range, where there are an equal number of incomes above and below that point so the entire range can be represented more reliably.

## Families in Poverty

Many children in Phoenix live in poverty. Twenty-six percent of children live in families that are at or below the Federal Poverty Level. For a family of four, the Federal Poverty Level is \$21,200 a year.<sup>16</sup>

Over half of the children in Phoenix live in a low income family. Fifty-five percent of Phoenix children live in households where families live at or below 200 percent of the Federal Poverty Level (\$42,400 a year for a family of four).

### Children Living at or Below 200 Percent of the Federal Poverty Level (2006)

	Percent of Children Living at or below 100 Percent of the Federal Poverty Level	Percent of Children Living at or below 200 Percent of the Federal Poverty Level
<b>Phoenix</b>	26	55
<b>Arizona</b>	20	45
<b>US</b>	18	39

Kids Count, 2007.

Families living at or below 200 percent of the Federal Poverty Level generally qualify for services such as food stamps or the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). The chart below shows the number of Food Stamps and WIC recipients in Maricopa County in 2007.

### Food Stamp Program, Individuals Participating by Selected Counties, July 2007

County	Persons Receiving Food Stamps	Percent Receiving Food Stamps
<b>Maricopa</b>	273,034	7%
<b>Pima</b>	93,077	9.7%
<b>Apache</b>	19,480	24%
<b>Coconino</b>	15,230	12.7%
<b>Navajo</b>	26,208	21.7%
<b>Yavapai</b>	12,399	5.6%
<b>Yuma</b>	26,994	13.6%
<b>Gila</b>	7,969	15.2%
<b>Pinal</b>	28,934	10.4%
<b>Arizona</b>	554,389	8.7%

Source: Arizona Department of Economic Security Statistical Bulletin, July 2008, and July 1, 2007 population estimates, US Census.

Seven percent of the population in Maricopa County received food stamps in 2007, a rate slightly lower than the state average. While a large number of individuals participate in the food stamps program in Maricopa County, several zip code areas in the South Phoenix Region have a high concentration of individuals that are eligible but not enrolled (see chart below). These zip code areas include the 85040, 85009 and 85035 zip code areas.

<sup>16</sup> Federal Register, Volume 73, No. 15, January 23, 2008, pp. 3971-3972.

**Top Twenty Zip Codes for Potential Improvement in Food Stamps Participation**

Zip Code	Location	County
85040	Phoenix	Maricopa
85009	Phoenix	Maricopa
85719	Tucson	Pima
85281	Tempe	Maricopa
85239	Maricopa/Mobil	Pinal
85006	Phoenix	Maricopa
85008	Phoenix	Maricopa
85225	Chandler	Maricopa
85017	Phoenix	Maricopa
85705	Tucson	Pima
86001	Flagstaff	Coconino
85364	*Yuma pg/martin	Yuma
85713	Tucson	Pima
85706	Tucson	Pima
86401	Kingman	Mohave
85015	Phoenix	Maricopa
85016	Phoenix	Maricopa
85035	Phoenix	Maricopa
85621	*Fairbank/Nogales	Cochise/Santa Cruz
85607	Douglas	Cochise

Source: Arizona Department of Economic Security.

Opportunities also appear to exist for many more infants, children, and women to receive WIC nutritional services. In 2007, 34,493 children received WIC services in Maricopa County. In 2009, 159,676 children will be potentially eligible.

**WIC Participation by County (2007)**

County	Number Enrolled, 2007			Potential Eligible, FY 2009		
	Infants	Children	Women	Infants	Children	Women
Apache	67	167	133	651	2,602	813
Cochise	693	1413	1290	1083	4,333	1,354
Coconino	515	834	719	1217	4,870	1,522
Gila	165	329	313	464	1,855	580
Graham	197	420	353	348	1,393	435
Greenlee	63	99	79	63	251	79
La Paz	NA	NA	NA	186	742	232
Maricopa	19,283	34,493	35,046	39,920	159,679	49,899
Mojave	968	2006	1791	1738	6,954	2,173
Navajo	303	747	596	1279	5115	1599
Pima	4065	6615	5561	8516	34,064	10,645
Pinal	950	1790	1568	2348	9,393	2,935
Santa Cruz	267	503	426	538	2,152	673
Yavapai	739	1255	1324	1,773	7,093	2,216
Yuma	1392	2650	2500	2500	10,002	3,215

Source: Arizona Department of Health Services. Enrolled refers to women, infants and children certified for WIC in 2007. 2007 numbers do not include WIC data from Intertribal Council and Navajo Nation.

## Parent Educational Attainment

Studies have found consistent positive effects of parent education on different aspects of parenting such as parenting approaches, attitudes, and childrearing philosophy. Parent education can potentially impact child outcomes by providing an enhanced home environment that reinforces cognitive stimulation and increased use of language.<sup>17</sup> Past research has demonstrated an intergenerational effect of parental educational attainment on a child's own educational success later in life and some studies have surmised that up to 17 percent of a child's future earnings may be linked (through their own educational achievement) to whether or not their parents or primary caregivers also had successful educational outcomes.

Approximately 22 percent of births nationally are to mothers who do not possess a high school degree. While data for the South Phoenix Region is not available, in Maricopa County that percent is much higher than the national average. According to data reported from 2002 to 2006, approximately 30 percent of mothers who gave birth in Maricopa County had less than a high school diploma, which is almost 10 percent higher than the state average over the same period of time. The state rate for births to mothers with no high school degree has remained fixed at 20 percent for the past three years.

### Percentage of Live Births by Educational Attainment of Mother

		2002	2003	2004	2005	2006
<b>Maricopa County*</b>	No High School Diploma	30%	31%	31%	30%	30%
	High School Diploma	27%	26%	29%	27%	28%
	One to Four Years College	33%	33%	33%	34%	34%
<b>Arizona</b>	No High School Diploma	20%	21%	20%	20%	20%
	High School Diploma	29%	29%	29%	29%	30%
	One to Four Years College	32%	32%	32%	33%	33%
<b>U.S.</b>	No High School Diploma	15%	22%	22%	Data not available	Data not available
	High School Diploma	Data not available	Data not available	Data not available	Data not available	Data not available
	One to Four Years College	21%	27%	27%	27%	27%

\*Data available at the county level only.

Arizona Department. of Health Services, Vital Statistics, American Community Survey. Numbers do not add to 100% since any education beyond 17 years and unknowns were excluded.

<sup>17</sup> Hoff, E., Laursen, B., & Tardiff, T. (2002). Socioeconomic Status and Parenting. In M.H. Bornstein (Eds.), *Handbook of Parenting, Volume II: Ecology & Biology of Parenting* (pp.161-188). Mahwah, NJ: Lawrence Erlbaum Associates.

## Healthy Births

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### Prenatal Care

Adequate prenatal care is vital in ensuring the best pregnancy outcome. A healthy pregnancy leading to a healthy birth sets the stage for a healthy infancy during which time a baby develops physically, mentally, and emotionally into a curious and energetic child. Yet in many communities, prenatal care is far below what it could be to ensure this healthy beginning. Some barriers to prenatal care in communities and neighborhoods include the large number of pregnant adolescents, the high number of non-English speaking residents, and the prevalence of inadequate literacy skills.<sup>18</sup> In addition, cultural ideas about health care practices may be contradictory and difficult to overcome, so that even when health care is available, pregnant women may not understand the need for early and regular prenatal care.<sup>19</sup>

Late or no prenatal care is associated with many negative outcomes for mother and child, including:

- Postpartum complications for mothers
- A 40 percent increase in the risk of neonatal death overall
- Low birth weight babies, and
- Future health complications for infants and children.

In Arizona, 77 percent of women receive prenatal care in their first trimester, compared to 83 percent of pregnant women nationally. In Phoenix, 76 percent of women receive prenatal care in their first trimester. In Laveen, the rate is even higher (86 percent).

In Phoenix and Laveen, 3 percent of women received no prenatal care in 2006. In some areas of the South Central Region, a higher percent of pregnant women received no prenatal care. These include census tract numbers 1140.00, 1143.02, 1144.01, 1145.00, 1146.00, and 1153.00.<sup>20</sup>

According to recent Maricopa County Department of Public Health Report, reports that “although the majority of women reported that they believed prenatal care was important (97 percent), a significant percentage of women surveyed did not receive prenatal care at all, received it very late into their pregnancies, or received an inadequate amount of prenatal care.”<sup>21</sup> This is a significant finding because while care may be available there is disconnect between services that are provided and the women receiving prenatal care. As noted previously, adequate prenatal care is a significant factor in promoting healthy and development ready babies and toddlers.

One prominent indicator of whether prenatal care is obtained in the first trimester is ethnicity. In Arizona, Native American women are least likely to start prenatal care in the first trimester. According to 2005 data, 32 percent of Native American women did not start prenatal care in the first trimester, followed by Hispanic women at 30 percent, Black women at 24 percent and White women at 12 percent.<sup>22</sup> Any effort to increase

18 Ashford, J., LeCroy, C. W., & Lortie, K. (2006). *Human Behavior in the Social Environment*. Belmont, CA: Thompson Brooks/Cole.

19 LeCroy & Milligan Associates (2000). *Why Hispanic Women Fail to Seek Prenatal Care*. Tucson, AZ.

20 Arizona Department of Health Services, *Vital Statistics*, 2006.

21 Maricopa County Department of Public Health: *Prenatal Care Satisfaction and Resilience Factors in Maryvale and South Phoenix* (February 2006).

22 Arizona Department of Health Services, *Health Disparities Report*, 2005.

prenatal care should consider these large ethnic differences. The South Phoenix Region has many pockets where there are large numbers of Hispanics and African Americans.

The following chart summarizes critical information and presents data for specific communities that fall partially or completely in the South Phoenix Region.

### Selected Characteristics of Newborns and Mothers, Phoenix (2006)

Community	Total	Teen Mother (19 years or younger)	Prenatal Care First Trimester*	No Prenatal Care	Public \$	Low Birth Weight Less than 2500 Grams	Unwed Mothers
Phoenix	27,533	4,230	20,847	788	18,774	1,980	14,840
Laveen	533	45	451	16	192	34	199
<b>TOTAL</b>	<b>28,442</b>	<b>4,281</b>	<b>21,640</b>	<b>807</b>	<b>19,022</b>	<b>2,043</b>	<b>15,090</b>

\* First trimester prenatal care serves as a proxy for births by number of prenatal visits and births by trimester of entry to prenatal care. Low Birth Weight (LBW) serves as a proxy for preterm births (less than 37 weeks). Source: Arizona Department of Health Services/Division of Public Health Services, Arizona Vital Statistics. No break down available by zip code for City of Phoenix.

### Low Birth-Weight Babies

Low birth weight and very low birth weight (defined as less than three pounds, four ounces) are leading causes of infant health problems and death. Many factors contribute to low birth weight. Among the most prominent are: drug use during pregnancy, smoking during pregnancy, poor health and nutrition, and multiple births. In Phoenix, 1,980 low birth weight babies were born in 2006, representing 7 percent of total births.

The Centers for Disease Control reports that low birth-weight births have been rising over the past several years. Arizona is producing fewer low birth-weight babies each year. Studies have suggested that Arizona's lower than average incidence of pregnant women who smoke cigarettes accounts for better outcomes regarding birth-weight than is seen in other cities in the United States. In 2004, the national incidence of pregnant women who smoked cigarettes was over 10 percent, while the Arizona rate was only 5.9 percent. For those women who smoke during their pregnancies, White teenagers seem to have the highest prevalence for this behavior, at 30 percent nationally.

## Health Insurance Coverage and Utilization

### Uninsured Children

Health insurance significantly improves children's access to health care services and reduces the risk that illness or injury will go untreated or create economic hardships for families. Having a regular provider of health care promotes children's engagement with appropriate care as needed. Research shows that children receiving health care insurance:

- Are more likely to have well-child visits and childhood vaccinations than uninsured children
- Are less likely to receive their care in the emergency room
- Do better in school.<sup>23</sup>

<sup>23</sup> Johnson, W. & Rimza, M. Reducing the SCHIP coverage: Saving Money or Shifting Costs. Unpublished Paper, 2005. Dubay, L., & Kenney, G. M., Health Care Access and Use Among Low-Income Children: Who Fares Best? *Health Affairs*, 20, 2001, 112-121. Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau's March 2006 and 2007 Current Population Survey. Arizona Department of Health Services, Community Health Profile, Phoenix, 2003.



When parents can't access health care services for preventive care such as immunizations, there may be delayed diagnosis of health problems, failure to prevent health problems, or the worsening of existing conditions.<sup>24</sup> Furthermore, good health promotes the academic and social development of children because healthy children engage in the learning process more effectively.<sup>25</sup>

As the following chart shows, from 2001 to 2006, Arizona had a higher percent of children without health insurance coverage compared to the nation. One reason that Arizona children may be less likely than their national counterparts to be insured is that they may be less likely to be covered by health insurance through their families' employers. In Arizona, 48 percent of children (ages birth through age 18) receive employer-based coverage, compared to 56 percent of children nationally.<sup>26</sup>

#### Percent of Children (Birth through Five Years) Without Health Insurance Coverage

	2001	2002	2003	2004	2005	2006
<b>Arizona</b>	14%	14%	14%	13%	15%	15%
<b>U.S.</b>	10%	10%	10%	10%	10%	11%

Source: Kids Count.

Data on the number of uninsured children birth through age five in the South Phoenix Region was not available for this report. However, a 2007 report entitled provides estimates of the number of uninsured children living in each zip code area in Maricopa County. The estimates are based on health records contained in a community health data system known as Arizona Health Query (AZHQ). The data system contains health records for 1.4 million people in Maricopa County, representing 40 percent of county residents. Health records for children are even more complete in the AZHQ database, representing 72 percent of the county's children ages birth through age nine.

The estimates in this report indicate that a large number of uninsured children reside in the South Phoenix Region. In the chart below, the numbers of children without health insurance are estimated by zip code for 2004. Estimates are based on an estimate of the rate of uninsured children in each zip code area applied to US Census population projections.

<sup>24</sup> Chen, E., Matthews, K. A., & Boyce, W. T., Socioeconomic Differences in Children's Health: How and Why do these Relationships Change with Age? *Psychological Bulletin*, 128, 2002, 295-329.

<sup>25</sup> National Education Goals Panel. *Reconsidering Children's Early Developmental and Learning: Toward Common Views and Vocabulary*. Washington DC.

<sup>26</sup> . Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau's March 2006 and 2007 Current Population Survey. Arizona Department of Health Services, Community Health Profile, Phoenix, 2003.

### Uninsured Children (Birth through Age Nine) by Selected Zip Codes in the South Phoenix Region (2004)

Zip Code	Estimated Number of Uninsured Children
85339	110
85037	929
85041	897
85040	1,845
85035	1,364
85009	1,597
85033	1,710
85031	899
<b>TOTAL:</b>	<b>9,351</b>

Source: Arizona Health Query, as reported in Johnson, Dr. William G., et al. Health Insurance in Arizona: Residents of Maricopa County. Ira A. Fulton School of Computing and Informatics, Arizona State University, 2007. Note: Counts for smaller enclosed zip codes were added to the counts for larger enclosing zip codes. Data were reported where total AZHQ was  $\geq 500$ .

Other evidence exists that lack of health coverage may be a problem in the South Phoenix Region. Data from the Maricopa County Maternal and Child Health Needs Assessment (conducted in 1999 and 2000) indicate that in South Phoenix, approximately 61 percent of the women who delivered babies did not have AHCCSS coverage or insurance prior to becoming pregnant.

Many low income children whose families are unable to afford private health insurance are enrolled in KidsCare or AHCCCS. KidsCare and AHCCCS are low-cost, publicly funded health insurance programs available to children at or below 200 percent of the Federal Poverty Level.

The chart below shows children enrolled in AHCCCS or KidsCare. As the chart shows, 66,791 children (birth through age five) were enrolled in AHCCCS or KidsCare in Maricopa County in 2007.

### Children Under Six Enrolled in KidsCare or AHCCCS Health Coverage (2004-2007)

	AHCCCS				KidsCare				Total Children Under Six Enrolled In AHCCCS or KidsCare			
	'04	'05	'06	'07	'04	'05	'06	'07	'04	'05	'06	'07
Maricopa County	54,083	63,590	59,097	59,850	3,996	4,963	6,016	6,941	58,079	68,553	65,113	66,791
Arizona	87,751	102,379	95,776	96,600	6,029	7,397	8,699	9,794	93,780	109,776	104,475	106,394

Source: AHCCCS. Enrollment data is for calendar year, representing children enrolled at any time during the calendar year in AHCCCS or KidsCare. The child is counted under the last program in which the child was enrolled.

While many children do receive public health coverage, many others who likely qualify, do not. In 2002, the Urban Institute's National Survey of America's Families estimated that one-half of uninsured children in the United States are eligible for publicly funded health insurance programs (like AHCCCS or KidsCare in Arizona),

but are not enrolled.<sup>27</sup> Indeed, the large percent of families who fall below 200 percent of the Federal Poverty Level in the region suggest that many children are likely to qualify for public coverage. National studies suggest that these same children are unlikely to live in families who have access to employer-based coverage.<sup>28</sup>

## Access to Medical Care

Health coverage is not the only factor that affects whether or not children receive the care that they need to grow up healthy. Other factors include: the scope and availability of services that are privately or publicly funded; the number of health care providers including primary care providers and specialists; the geographic proximity of needed services; and the linguistic and cultural accessibility of services.

For the South Phoenix Region, this last factor may potentially play a large role, given the number of immigrant and linguistically isolated households in the region. While no specific evidence exists for the region, such evidence does exist statewide. For example, 37 percent of 788 AHCCCS providers surveyed in 2005 (representing 98 percent of all AHCCCS providers) had *no means* of understanding their Spanish-speaking patients unless the patient's family member could translate for their relative and the medical provider.<sup>29</sup> Similarly, a 2007 Commonwealth Fund study found low rates of patient satisfaction among Arizonans, who cited lack of cultural competency as one contributing factor.<sup>30</sup>

Lack of health coverage and other factors combine to limit children's access to health services. For example, according to a 2007 report by the Commonwealth Fund, only 36 percent of Arizona children under the age of 17 had a regular doctor and at least one well check visit in the last year. According to the same study, only 55 percent of children who needed behavioral health services received some type of mental health care in 2003.<sup>31</sup>

While a variety of factors ultimately influence access to health care, health coverage does play an important role in ensuring that children get routine access to a doctor or dentist's office. For example, the chart below shows that for children under age five enrolled continuously in AHCCCS in Maricopa County, 78 percent received at least one visit to a primary care practitioner (such as a family practice physician, a general pediatrician, a physician's assistant, or a nurse practitioner) during the year in 2007.

### Percent of Children (Ages 12-Months to Five Years) Continuously Enrolled in AHCCCS Receiving One or More Visits to a Primary Care Practitioner

	Maricopa County*	Arizona
2005	77%	78%
2006	78%	78%
2007	78%	78%

\*Data only available at the county level. Source: AHCCCS. Note: Continuously enrolled refers to children enrolled with an AHCCCS health plan (acute or ALTCS) 11 months or more during the federal fiscal years 2005, 2006, 2007.

27 Genevieve Kenney, et al, "Snapshots of America's Families, Children's Insurance Coverage and Service Use Improve," Urban Institute, July 31, 2003.

28 Long, Sharon K and John A. Graves. "What Happens When Public Coverage is No Longer Available?" Kaiser.

29 Commission on Medicaid and the Uninsured, January 2006

30 Commonwealth Fund. State Scorecard on Health Care System Performance, 2007.

31 Ibid.

## Emergency Room Utilization

Emergency rooms are used for non-emergency situations by both the insured and uninsured when there is no primary care physician for families with young children. According to the families in poverty residing in the South Phoenix Region are using St. Joseph Hospital and Medical Center (SJHMC) emergency room more frequently for non-emergencies visits than emergencies. Such findings suggest that a lack of a medical home may be a major issue in the South Phoenix Region.

According to the research, “The SJHMC ED (Emergency Department) serves a young population which suggests the need for pediatric ED services. The residents of poor, Hispanic, non-English speaking community are the largest utilizors of the ED. The development of outreach programs such as satellite clinics, school-based health services, and prevention programs which can serve this community might decrease the use of the ED by these residents. Such services would need to be provided by Spanish-speaking staff since the majority of these families do not speak English at home.”<sup>32</sup>

CNI*	Zip Code	Non-Emergent Visits	Other Visits	Total Visits	City
4.8	85009	1,899	2,009	3,908	Phoenix
4.4	85035	986	855	1,841	Phoenix
4.0	85041	959	811	1,770	Phoenix
4.0	85033	872	863	1,735	Phoenix
5.0	85040	710	560	1,270	Phoenix
3.8	85031	595	536	1,131	Phoenix
2.2	85037	347	355	702	Phoenix
4.4	85043	317	293	610	Phoenix

Source: 2004. As reported in 2007 Community Needs Assessment for St. Joseph's Hospital and Medical Center Service Area. Note: Community Need Index (CNI) score is provided by Catholic Healthcare West. A one represents the least need. A five represents the most need.

In addition, the study reports that:

- Only 23 percent of the patients who use the SJHMC emergency room have private health insurance.
- Approximately 18 percent of the patients using the SJHMC emergency room have no health insurance.
- Approximately 24 percent of SJHMC emergency room patients are younger than 15 years old.
- Approximately half of SJHMC emergency room visits are for non-emergent conditions. The highest number of patients who are using the ED for non-emergent conditions including zip codes 85009, 85035, 85041, 85033, 85040, 85031, 85037, 85043 located in the South Phoenix South Region.

<sup>32</sup> 2007 Community Health Needs Assessment for St. Joseph's Hospital and Medical Center Service Area.

## Oral Health Access and Utilization

In many communities in Phoenix, young children are likely to have untreated tooth decay, and more likely to face urgent dental needs than their counterparts statewide. In 2003, more than half (58 percent) of children six to eight years in Phoenix had experience with dental caries and more than one-third had untreated tooth decay. Nonetheless, these figures are better than the state as a whole, and the percent of sealants among children is higher.

### Oral Health, Children (Six to Eight Years Old) (2003)

Phoenix	Untreated Tooth Decay	Tooth Decay Experience	Urgent Treatment Needs	Sealants Present
Phoenix	35%	58%	10%	30%
Arizona	40%	62%	9%	28%

Source: Arizona Department of Health Services, Community Health Profile 2003.

Lack of dental health coverage may be a factor contributing to lack of dental care. A 2003 study of oral health among children in Phoenix found that half of survey respondents (50.3 percent) could not afford dental care and that 71.5 percent did not have dental insurance.

Enrollment in Head Start helps ensure access to medical and dental care. Head Start requires children enrolled in its program to receive well child and oral health visits. In the Maricopa County, 96 percent of enrollees received an oral health visit.<sup>33</sup> KidsCare or AHCCCS coverage also provide children access to dental care.

Access to oral health care is especially challenging for families with children with special needs. According to a statewide Health Provider Survey report released in 2007, a large majority (78 percent) of Arizona dental providers surveyed in 2006 (N =729 or 98 percent of all AHCCCS providers) said they did not provide dental services to special needs children because they did not have adequate training (40 percent), did not feel it was compatible with the environment of their practices (38 percent), or did not receive enough reimbursement to treat these patients (19 percent). The provider survey report recommended more training for providers to work with Special Needs Plans, collaborating with the Arizona Dental Association and the Arizona Department.

## Child Safety

All children deserve to grow up in a safe environment. Unfortunately not all children are born into a home where they are well-nurtured and free from parental harm. Additionally, some children are exposed to conditions that can lead to preventable injury or death, such as excessive drug/alcohol use by a family member, accessible firearms, or unfenced pools. This section provides information on child abuse and neglect and child fatalities in the South Phoenix Region.

33 Arizona Office of Oral Health; 2006 Survey of AHCCCS Providers.

## Child Abuse and Neglect

Child abuse and neglect can result in both short-term and long-term negative outcomes. A wide variety of difficulties have been documented for victims of abuse and neglect, including mental health difficulties such as depression, aggression, and stress. Direct negative academic outcomes (such as low academic achievement, lower grades, lower test scores, learning difficulties, language deficits, poor schoolwork, and impaired verbal and motor skills) have also been documented. Furthermore, child abuse and neglect have a direct relationship to physical outcomes such as ill health, injuries, failure to thrive, and somatic complaints.<sup>34</sup>

The following data illustrates the existence of abuse and neglect in Maricopa County and the significant number of children that are placed at greater risk for poor school performance, frequent grade retention, juvenile delinquency and teenage pregnancy, as child abuse and neglect are strongly linked with these negative outcomes for children. While the breakdown of such data by age was not available for this report, national data suggests that the incidence of child abuse and neglect is far greater for children under five than older children.

### Child Abuse Reports, Substantiations, Removals, and Placements for Maricopa County\*

	Oct 2003 through Mar 2004	Apr 2004 through Sep 2004	Oct 2004 through Mar 2005	Apr 2005 through Sep 2005	Oct 2005 through Mar 2006	Apr 2006 through Sep 2006	Oct 2006 through Mar 2007	Apr 2007 through Sep 2007
<b>Number of reports received</b>	11,877	11,303	10,823	10,576	10,019	9,622	9,573	10,284
<b>Number of reports Substantiated</b>	NA	NA	NA	NA	536	573	641	448
<b>Substantiation rate</b>	NA	NA	NA	NA	5%	6%	7%	4%
<b>Number of new removals</b>	1,847	1,947	1,888	2,080	1,954	2,013	2,013	1,988

\*All data taken from Arizona Department of Economic Security Child Welfare Reports. Discrete data for “number of reports substantiated” not available in reports prior to October 2005 through March 2006. Child Welfare Reports do not provide county-level data for number of child in out-of-home care on the last day of reporting period. Data for number of reports received drawn from Child Welfare Report tables labeled “Number of Reports Responded to by Type of Maltreatment and County.”

While the data demonstrates that child abuse and neglect exist with Maricopa County, it is important to note that a child abuse report is not an indicator of risk and does not necessarily tie to the removal of a child. There are many cases where the specific allegation in the report cannot be proven. The number of reports that are considered substantiated are a subset of the total number of reports that were received, investigated, and closed during the reporting period.

The table below provides a breakdown of reports received by each county in Arizona. Over half (57 percent) of the reports received were in Maricopa County. Of those reports made in Maricopa County, 6,098 were reports of neglect, followed by 3,424

34 References for this section: Augoustios, M. Developmental Effects of Child Abuse: A Number of Recent Findings. Child Abuse and Neglect, 11, 15-27; Eckenrode, J., Laird, M., & Doris, J. Maltreatment and Social Adjustment of School Children. Washington DC, U. S. Department of Health and Human Services; English, D. J. The Extent and Consequences of Child Maltreatment. The Future of Children, Protecting Children from Abuse and Neglect, 8, 39-53.; Lindsey, D. The Welfare of Children, New York, Oxford University Press, 2004; National Research Council, Understanding Child Abuse and Neglect. Washington DC: National Academy Press; Osofsky, J. D. The Impact of Violence on Children. The Future of Children, 9, 33-49.



reports of physical abuse, 645 reports of sexual abuse, and 117 reports of emotional abuse. Of the total reports, between 4 and 7 percent have resulted in substantiation.

**Number of Reports Received by Type of Maltreatment and County,  
April 1, 2007 – September 30, 2007**

County	Emotional Abuse	Neglect	Physical Abuse	Sexual Abuse	Total	% of Total
Apache	1	47	33	6	87	0.5%
Cochise	6	312	154	22	494	2.7%
Coconino	3	248	124	27	402	2.2%
Gila	2	148	59	14	223	1.2%
Graham	1	61	36	12	110	0.6%
Greenlee	0	16	8	2	26	0.1%
La Paz	2	35	17	8	62	0.3%
Maricopa	117	6,098	3,424	645	10,284	57.0%
Mohave	4	417	197	34	652	3.6%
Navajo	3	234	101	9	347	1.9%
Pima	50	1,924	1,045	181	3,200	17.7%
Pinal	14	648	315	80	1,057	5.9%
Santa Cruz	2	63	38	5	108	0.6%
Yavapai	4	381	181	35	601	3.3%
Yuma	3	290	104	28	425	2.4%
<b>Statewide</b>	<b>212</b>	<b>10,922</b>	<b>5,836</b>	<b>1,108</b>	<b>18,078</b>	<b>100.0%</b>
<b>% of Total</b>	<b>1.2%</b>	<b>60.4%</b>	<b>32.3%</b>	<b>6.1%</b>	<b>100.0%</b>	

Source: Arizona Department of Economic Security Child Welfare Reports, April 1, 2007 – September 30, 2007.

With over one-third of the children in out of home care under the age of six, it is important to understand where these children are being cared for. Families can be helped to safely care for their children in their own communities and in their own homes—if appropriate support, guidance and help is provided to them early enough. However, there are emergency situations that require the separation of a child from his or her family. At such times, every effort should be made to have the child live with caring and capable relatives or with another family within the child's own community – rather than in a restrictive institutional setting. Family foster care should be the next best alternative to a child's own home or to kinship care.<sup>35</sup>

In November 2007, the Department of Economic Security issued a report on the differences between foster homes and removals by zip code for Maricopa County. The table below reports on the number of foster care homes in the zip codes that make up the South Phoenix Region. Two zip code areas, 85009 and 85033 report very large shortages in the number of foster homes.

ZIP Code	Post Office Name	Number of Removals	Number of Foster Homes	Number of Removals (Excluding Children Placed with Relatives)	Difference between Foster Homes and Removals (Excluding Children Placed with Relatives)	Description
85009	Phoenix	89	7	46	-39	Very large shortage of foster homes
85031	Phoenix	31	5	15	-10	Large shortage of foster homes
85033	Phoenix	67	10	46	-36	Very large shortage of foster homes
85035	Phoenix	47	13	28	-15	Large shortage of foster homes
85037	Phoenix	46	32	24	8	Foster homes exceed children
85040	Phoenix	46	23	27	-4	Shortage of foster homes
85041	Phoenix	76	47	39	8	Foster homes exceed children
85043	Phoenix	27	28	17	11	Foster homes exceed children
85339	Laveen	12	24	6	18	Foster homes exceed children

Source: Arizona Department of Economic Security, Point in Time Report, November, 2007.

## Child Mortality

The infant mortality rate can be an important indicator of the health of communities. Infant mortality is higher for children whose mothers began prenatal care late or had none at all, those who did not complete high school, those who were unmarried, those who smoked during pregnancy, and those who were teenagers.<sup>36</sup> Furthermore, children living in poverty are more likely to die in the first year of life. For example, children living in poverty are more likely to die from health conditions such as asthma, cancer, congenital anomalies, and heart disease.<sup>37</sup> In Arizona as well as the rest of the nation, many factors that lead to a young child's death are related to health status, such as a pre-existing health condition, inadequate prenatal care, or even the lifestyle choices of the parent. Another area of concern includes factors such as injury – unfortunately, in many circumstances, preventable injury. The following list shows the leading causes of death for infants in Maricopa County in 2006.

<sup>36</sup> Mathews, T. J., MacDorman, M. F., & Menacker, F. Infant mortality statistics from the 1999 period linked birth/infant death data set. In *National Vital Statistics Report* (Vol. 50), National Center for Health Statistics.

<sup>37</sup> Chen, E., Matthews, K. A., & Boyce, W. T. Socioeconomic Differences in Children's Health: How and Why do these Relationships Change with Age? *Psychological Bulletin*, 129, 2002, 29-329; Petridou, E., Kosmidis, H., Haidas, S., Tong, D., Revinthi, K., & Flytzani, V. Survival from Childhood Leukemia Depending on Socioeconomic Status in Athens. *Oncology*, 51, 1994, 391-395; Vagero, D., & Ostberg, V. Mortality among Children and Young Persons in Sweden in Relation to Childhood Socioeconomic Group. *Journal of Epidemiology and Community Health*, 43, 1989, 280-284; Weiss, K. B., Gergen, P. J., Wagener, D. K., Breathing Better or Wheezing Worse? The Changing Epidemiology of Asthma Morbidity and Mortality. *Annual Review of Public Health*, 1993, 491-513.

## Leading causes of death among infants (n = 406) in Maricopa County during 2006

1. Natural causes in the first 30 days following the birth – 203 (50 percent)
2. Congenital Malformations – 89 deaths (22 percent)
3. Pre-term and Low birth-weight – 64 deaths (16 percent)
4. Sudden Infant Death Syndrome – 21 deaths (5 percent)
5. Homicide – four deaths (1 percent)

A Maricopa County Health Study that examined maternal and child health need is of particular interest to the Maryvale and South Phoenix areas.<sup>38</sup> This study conducted a “Perinatal Periods of Risk” analysis for these areas. The approach provides an estimate of the amount of fetal and infant mortality that is preventable (called excess mortality). The following chart shows results from this study.

### Infant Mortality Rate in Maricopa County, South Phoenix, and Maryvale

Perinatal Risk 1996-2000	Maricopa County	South Phoenix	Maryvale
Feto-Infant Mortality Rate	8.5	10.6	8.8
Preventable Mortality Rate	2.7	4.8	3.0

Source: Maricopa County Maternal and Child Health Needs Assessment, 2003. Maricopa County Department of Public Health. Note: South Phoenix = zip codes: 85003, 85004, 85007, 85009, 85034, 85040, 85041, 85009, 85034, 85339; Maryvale = zip codes: 85017, 85019, 85031, 85033, 85035.

These results find that South Phoenix had the largest percent of preventable mortality at 45 percent, followed by Maryvale at 34 percent, and Maricopa County at 32 percent. According to this report, “these findings suggest that women’s health prior to conception played a prominent role in determining fetal and infant outcomes. Focusing on prevention or intervention programs on women’s health prior to conception should yield larger reductions in the overall excess feto-infant mortality rate than focusing on other points in the health care continuum.”<sup>39</sup>

## Children’s Educational Attainment

### School Readiness

Early childhood programs can promote successful school readiness especially for children in low-income families. Research suggests, for example, participation in educational programs prior to kindergarten is related to improved school performance in the early years.<sup>40</sup> Furthermore, research indicates that when children are involved in early childhood programs over a long period of time, and with additional

<sup>38</sup> Maricopa County Maternal and Child Health Needs Assessment, 2003, Maricopa County Department of Public Health.

<sup>39</sup> Ibid.

<sup>40</sup> Lee, V. E., Brooks-Gunn, J., Shnur, E., & Liaw, F. R. Are Head Start Effects Sustained? A Longitudinal Follow-Up Comparison of Disadvantaged Children Attending Head Start, No Preschool, and Other Preschool Programs. *Child Development*, 61, 1990, 495-507; National Research Council and Institute Medicine, *From Neurons to Neighborhoods: The Science of Early Childhood Development*; Reynolds, A. J. Effects of a Preschool Plus Follow Up Intervention for Children at Risk. *Developmental Psychology*, 30, 1994, 787-804.

interventions are provided in the early school years, better outcomes can emerge.<sup>41</sup> Long-term studies have documented early childhood programs with positive impact evident in the adolescent and adult years.<sup>42</sup> Lastly, research has confirmed that early childhood education enhances young children's social developmental outcomes such as peer relationships.<sup>43</sup>

Generally, child development experts agree that school readiness encompasses more than acquiring a set of simple skills such as counting to ten by memory or identifying the letters of the alphabet. Young children prepared for school exhibit self confidence and are able to problem solve and persist at a task. While experts identify such skills as being essential to school readiness, the difficulty comes in attempting to quantify and measure these more comprehensive ideas of school readiness. Currently no instrument exists that sufficiently identifies a child's readiness for school entry. Although Arizona has a set of Early Learning Standards (an agreed upon set of concepts and skills that children can and should be ready to do at the start of kindergarten), current assessment of those learning standards have not been validated nor have the standards been applied consistently throughout the state.

One component of children's readiness for school consists of their language and literacy development. Alphabet knowledge, phonological awareness, vocabulary development, and awareness that words have meaning in print are all pieces of children's knowledge related to language and literacy. One assessment that is used frequently across Arizona schools is the Dynamic Indicators of Basic Early Literacy Skills (DIBELS). The DIBELS is used to identify children's reading skills upon entry to school and to measure their reading progress throughout the year. The DIBELS often tests only a small set of skills around letter knowledge without assessing other areas of children's language and literacy development such as vocabulary or print awareness.

The results of the DIBELS assessment should not be used to assess children's full range of skills and understanding in the area of language and literacy. Instead, it provides a snapshot of children's learning as they enter and exit kindergarten. Since all schools do not administer the assessment in the same manner, comparisons across communities cannot be made. Nonetheless, in the specific area of language and literacy development assessed, the data in the following chart indicate that only a very small percent of children entering kindergarten were meeting the benchmark standard. By the end of Kindergarten, significant progress was made, although that progress varied by school district.

For example, 6 percent of children met the benchmark in beginning of the school year in the Isaac School District, compared to 89 percent at the end of the year. In the Cartwright School District, 14 percent met the benchmark at the beginning of kindergarten, compared to 46 percent at the end of the year.

41 Reynolds, A. J. Effects of a Preschool Plus Follow Up Intervention for Children at Risk. *Developmental Psychology*, 30, 1994, 787-804.

42 Campbell, F. A., Pungello, E. P., Miller-Johnson, S., Burchinal, M., & Ramey, C. T. The Development of Cognitive and Academic Abilities: Growth Curves from an Early Childhood Educational Experiment. *Developmental Psychology*, 37, 2001, 231-242

43 Peisner-Feinberg, E. S., Burchinal, M. R., Clifford, R. M., Culkin, M. L., Howes, C., Kagan, S. L., et al *The Children of the Cost, Quality, and Outcomes Study Go to School: Technical Report*, 2000, University of North Carolina at Chapel Hill, Frank Porter Graham Child Development Center.

### Basic Early Literacy as Measured by DIBELS

SFY 2006-2007 Kindergarten DIBELS						
	Beginning of the Year			End of the Year		
	% Intensive	% Strategic	% Benchmark	% Intensive	% Strategic	% Benchmark
<b>South Phoenix*</b>						
<b>Cartwright School District**</b>	77	9	14	14	41	46
<b>Fowler Elem School District</b>	46	38	16	22	15	64
<b>Isaac School District</b>	65	29	6	5	7	89
<b>Murphy Elem School</b>	38	48	15	10	16	74
<b>Roosevelt Elem School District</b>	56	35	9	15	14	71

\*From the DIBELS assessments available, there were five school districts reporting within the South Phoenix Region. \*\*Based on reading first schools only within the district, does not reflect not reading first schools.

### Elementary Education

While test scores in the elementary school years are influenced by many factors, test scores may in part be influenced by young children's school preparedness. In the South Phoenix region, available data suggests that elementary children are not performing well on standardized tests. Data from the Arizona's Instrument to Measure Standards Dual Purpose Assessment (AIMS DPA) measures the student's level of proficiency in Writing, Reading, and Mathematics and provides each student's national percentile rankings in Reading/Language and Mathematics.<sup>44</sup> The chart below shows that most South Phoenix Region school districts fall below other Arizona School Districts in reading, writing, and mathematics.

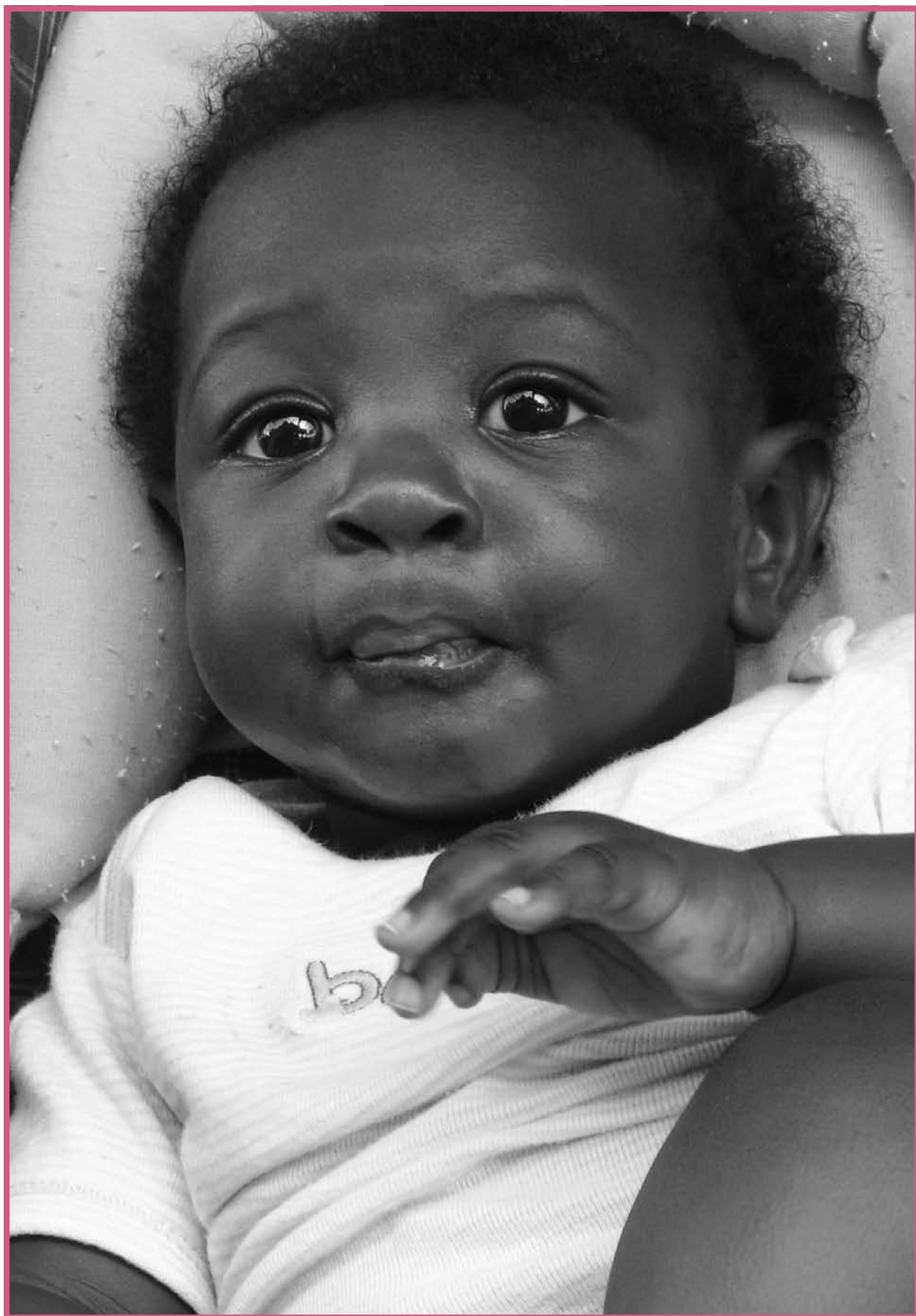
### South Phoenix Spring 2007 AIMS DPA Third Grade Score Achievement Levels in Mathematics, Reading, and Writing

School District	Mathematics				Reading				Writing			
	FFB	A	M	E	FFB	A	M	E	FFB	A	M	E
<b>Cartwright Elementary</b>	17	25	49	9	14	36	47	4	9	25	59	6
<b>Fowler Elementary</b>	11	19	58	12	11	34	48	7	9	20	61	9
<b>Isaac Elementary</b>	15	25	50	10	11	38	48	3	8	16	66	10
<b>Laveen Elementary</b>	20	27	45	8	12	37	47	4	9	26	57	8
<b>Murphy Elementary</b>	15	26	53	6	10	45	43	1	12	25	56	8
<b>Riverside Elementary</b>	8	27	55	10	8	34	54	4	6	17	67	10
<b>Roosevelt Elementary</b>	21	26	47	6	11	35	51	4	7	18	68	6
<b>All Arizona Schools</b>	9	17	54	20	6	23	59	13	5	13	66	16

Arizona Department of Education AIMS Spring 2007 Grade 03 Summary

FFB = Falls Far Below the Standard, A = Approaches the Standard, M = Meets the Standard, and E = Exceeds the Standard

44 Spring 2008 Guide to Test Interpretation, Arizona's Instrument to Measure Standards Dual Purpose Assessment, CTB McGraw Hill.





## Current Regional Early Childhood Development and Health System

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### Quality

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States have been increasingly concerned about creating high quality early care and education for many reasons. The need for quality childcare is growing. Today, a majority of children birth to age six participate in regular, nonparent care. Thirty-four percent participate in some type of center-based program.<sup>45</sup> In addition, research has found that high quality child care can be associated with many positive outcomes including language development and school readiness.<sup>46</sup>

### Licensure

Licensure or regulation by the Departments of Economic Security or Health Services ensures completion of background checks of all staff of child care providers and attainment of first aid and CPR training. Additionally, periodic inspections and monitoring ensure that facilities conform to basic safety standards. While licensure and regulation are a critical foundation for the provision of quality care for young children, these processes provide minimal reviews of curricula, interaction of staff with children, processes for identification of early developmental delays, or professional development of staff beyond minimal standards.

### Accredited of Early Care and Education Providers

Currently there is no commonly agreed upon or published set of indicators of quality for early care and education in Arizona. The Board of First Things First approved funding in March 2008 for the development and implementation of a statewide quality improvement and rating system. This system will assist families and community members, as well as providers identifying what quality child care looks like and which providers offer quality care.

Accreditation by a national organization is another method for identifying quality in early care and education. The challenge in using accreditation as a standard of quality lies in the fact that not all accrediting bodies measure the same indicators of quality in the same way. Nonetheless, reviewing accreditation status allows the region to develop a baseline reflection of the availability of quality care in the area.

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45 Federal Interagency Forum on Child and Family Statistics. *America's Children: Key National Indicators of Well-Being, 2002*. Washington DC.

46 NICHD Early Child Care Research Network, The Relation of Child Care to Cognitive and Language Development, *Child Development, 2000*, 71, 960-980.

This report presents the South Phoenix Regional Partnership Council an initial snapshot of quality in the Region through nationally approved organizations. Nationally accredited organizations approved by the Arizona State Board of Education include:

- Association Montessori International/USA (AMI),
- American Montessori Society (AMS)
- Association of Christian Schools International (ACSI)
- National Accreditation Commission for Early Care and Education (NAC)
- National Association for the Education of Young Children (NAEYC)
- National Association for Family Child Care (NAFCC)
- National Early Childhood Program Accreditation (NECPA)

The table below presents the number of accredited early care and education centers and Head Starts in the South Phoenix Region. In this first Needs and Assets Report for the South Phoenix Region Partnership Council, some data related to centers was not available.

### South Phoenix Region

#### Number of Head Start and Accredited Early Care and Education Centers

	AMI	AMS	ACSI	NAC	NAEYC	NECPA	NAFCC Homes	Head Start
<b>Number of Accredited Centers</b>	N/A	N/A	N/A	N/A	5 +5 Head Start	N/A	N/A	10*

Sources: NAEYC, AMI, AMS, ACSI, NAC, NECPA, NAFCC, lists of accredited providers.

AMI Recognition Schools List

AMS Accredited Montessori Schools List <http://www.amshq.org/schoolExtras/accredited.htm>

ADHS Licensed Child Care List [http://www.azdhs.gov/als/child\\_care/](http://www.azdhs.gov/als/child_care/)

ACSI Schools and Accredited Schools <http://www.acsi.org/web2003/default.aspx?ID=1630&>

NAC Accredited Centers <http://www.naccp.org/displaycommon.cfm?an=1&subarticlenbr=78>

[http://www.naeyc.org/academy/search/Search\\_Result.asp](http://www.naeyc.org/academy/search/Search_Result.asp)

NAFCC Accr. Providers <http://nafcc.fmdatabase.com/fmi/iwp/cgi?-db=accreditationsearch.fp7&-loadframes>

NECPA <http://www.necpa.net/AccreditedPrograms.htm>

\*Source: Arizona Department of Health Services. List of Licensed Child Care Centers

### Ratios and Group Sizes

In addition to offering accreditation to early care and education programs, the National Association for the Education of Young Children (NAEYC) is involved in developing position statements around significant early childhood development issues. One area in which NAEYC has published recommendations for the industry is in groups sizes and staff ratios, since these factors have been shown to be significant predictors of high quality. Other national accreditation systems vary in recommended ratios and groups sizes. As part of the accreditation designation, NAEYC has published standards for staff to child ratios based on the size of the program and according to age group, as reflected in the chart below.<sup>47</sup>

<sup>47</sup> NAEYC standards here are used to provide a context for high standards. It is not presumed that all centers should become NAEYC accredited.

NAEYC Staff to Child Ratio Recommendations	Group Size									
	6	8	10	12	14	16	18	20	22	24
Infants (Birth to 15 Months)	1:3	1:4								
Toddlers (12 to 28 Months)	1:3	1:4	1:4	1:4						
Toddlers (21-36 Months)		1:4	1:5	1:6						
Pre-school (Two and a Half to Three Years)				1:6	1:7	1:8	1:9			
Pre-school (Four Years)						1:8	1:9	1:10		
Pre-school (Five Years)								1:10	1:11	1:12

Source: NAEYC Accreditation Criteria.

## Access

Family demand and access to early care and education is a complex issue. Availability and access are influenced by, but not limited to factors such as: number of early care and education centers or homes that have the capacity to accommodate young learners; time that families have to wait for an available opening (waiting lists); ease of transportation to the care facility; and the cost of the care. Data related to waiting lists is not currently available but will be a goal for future data acquisition. For the current Needs and Assets report for the South Phoenix Region, available data include: number of early care and education programs by type, number of children enrolled in early care and education by type, and average cost of early care and education to families by type.

### Number of Early Care and Education Programs

The Department of Economic Security's 2007 Child Care Market Rate Survey provides information on a range of child care settings, including licensed centers that provide fee-paying child care, Head Start programs with fee-paying wraparound care, district programs with fee-paying wraparound care, small group homes, family child care providers certified by DES and those approved by agencies for the Child and Adult Care Food Program, as well as otherwise unregulated providers who register to be listed with the resource and referral agency as available child care. This source is particularly useful for understanding approved and unregulated family child care. The information is particularly useful for understanding family child care and child care for working parents.

In 2006, the South Phoenix Region's fee-paying child care facilities included 53 centers, 59 small group homes, 355 approved family child care homes and six otherwise unregulated family child care homes listed with the resource and referral agency.

**South Phoenix Region: Number of Early Care and Education Programs by Type\***

Licensed Centers	Small Group Homes	Approved Family Child Care Homes	Providers Registered with the Child Care Resource and Referral
95	76	355	6

Source: FTF analysis of Arizona Department of Economic Security, Child Market Rate Survey data from 2006. (Data subsequently published in 2007 Market Rate Survey report.)

Note: Licensed centers include only DHS licensed program providing fee-paying childcare: full-day and part-day childcare programs, Head Start centers with wraparound childcare programs, and school district fee-based part-and full-day fee-paying care only. DHS licensed small group homes have a ten child maximum; DES certified family childcare homes, homes approved for the child care food program, and CCR&R registered homes have a four child maximum. Providers counted under Child Care Resource and Referral Column consists ONLY of providers not listed under previous columns.

There are four types of providers designated in the chart above: licensed centers, group homes, approved family child care homes, and providers registered with the Child Care Resource and Referral service. Licensed centers have been granted the ability to operate a safe and healthy child care center by the Arizona Department of Health Services (ADHS). Small group homes are also licensed by the ADHS to operate safe and healthy child care homes. Approved family child care homes are either certified or regulated by DES to provide care, or are approved by agencies to participate in the Arizona Department of Education Child and Adult Care Food Programs.

The Department of Economic Security's 2007 Child Care Market Rate Survey report provides 2006 market information on a range of fee-paying child care settings, including licensed centers that provide fee-paying child care, Head Start programs and district programs with fee-paying wraparound care, small group homes, family child care providers certified by DES and those approved by agencies for the Child and Adult Care Food Program, as well as otherwise unregulated providers who register to be listed with the resource and referral agency as available child care. This source is particularly useful for understanding approved and unregulated family child care and child care for working parents. It does not, however, provide information about Head Start and district programs that *do not* charge fees.

Statewide data from the Market Rate Survey can be supplemented with data from Child Care Resource and Referral data. Not only does Child Care Resource and Referral provide additional data on providers, these data are more frequently updated than that of the Market Rate Survey. Data in the Child Care Resource and Referral database is most commonly related to Child Care Centers and Family Child Care Centers. Registration with Child Care Resource and Referral is voluntary; however, those Centers and Homes receiving Department of Economic Security subsidy or regulation are required to register.

Information provided by the Child Care Resource and Referral includes, but is not limited to: type of care provider, license or regulation information, total capacity, total vacancies, days of care, and rates for care. Because registration is voluntary, not all care providers report all information.

**Number of Children Enrolled in Early Care and Education Programs**

There are numerous types of early care and education centers in the South Phoenix Region. These numbers indicate that working parents have choices between types of care providers. However, these data do not indicate whether parents in the South Phoenix Region have choices for care for their children.

The table below presents the number of children enrolled in early care and education programs by type in the South Phoenix Region. These numbers do not account for children cared for in unregulated care, by kin, or who are in need of care but do not have access to it. There are some estimates that up to 40 percent of the children birth to age six are being served by unregulated and unlicensed care providers.<sup>48</sup> Identification of methodologies and data sets related to unregulated care and demand for early care and education are a priority for the future.

**South Phoenix Region: Number of Children Enrolled  
in Early Care and Education Programs by Type**

	Licensed Centers	Groups Homes	Approved Family Child Care Comes	Providers Registered with the Child Care Resource and referral	Total
<b>Approved Capacity*</b>	6,014	712	1,975	28	8,729
<b>Average Daily Reported Number Served</b>	3,244	59	1,744	No data	5,619

Source: DES Child Care Market Rate Survey 2007.

\*Capacity refers to the total capacity of a physical site and does not necessarily reflect the size of the actual program in that site.

The Department of Economic Security's (DES) 2007 Child Care Market survey report provides information on a range of child care settings statewide. For this report, data were analyzed by zip code to identify which early care and education providers were accessible in each First Things First Region. Only providers in the geographical boundaries of the South Phoenix Region are included. These data do not include all providers that are accessible to families in the South Phoenix Region.

There are four types of providers designated in the chart above: licensed centers, group homes, approved family child care homes, and providers registered with the Child Care Resource and Referral service. Licensed centers have been granted the ability to operate a safe and healthy child care center by the Arizona Department of Health Services (ADHS). Small group homes are also licensed by the ADHS to operate safe and healthy child care homes. Approved family child care homes are either certified or regulated by DES to provide care, or are approved by agencies to participate in the Arizona Department of Education Child and Adult Care Food Programs.

Licensure or regulation by the Departments of Economic Security or Health Services ensures completion of background checks of all staff or child care providers, and monitors staff training hours related to early care and education, as well as basic first aid and CPR. Additionally, periodic inspections and monitoring ensure that facilities conform to basic safety standards. While licensure and regulation by the Departments of Economic Security and Health Services are a critical foundation for the provision of quality care for young children, these processes do not address curricula, interaction of staff with children, processes for identification of early developmental delays, or professional development of staff beyond minimal requirements. These important factors in quality care and parent decision-making are provided *only* with national accreditation (see discussion in the section on Quality) and will be

48 Federal Interagency Forum on Child and Family Statistics. *America's Children: Key National Indicators of Well-Being, 2002*. Washington DC.

included in First Things First's forthcoming Quality Improvement and Rating System.

Statewide data from the Market Rate Survey can be supplemented with data from Child Care Resource and Referral data. Not only does Child Care Resource and Referral provide additional data on providers, these data are more frequently updated than that of the Market Rate Survey. Data in the Child Care Resource and Referral database is most commonly related to Child Care Centers and Family Child Care Centers. Registration with Child Care Resource and Referral is voluntary; however, those Centers and Homes receiving Department of Economic Security subsidy or regulation are required to register.

Information provided by the Child Care Resource and Referral includes, but is not limited to: type of care provider, license or regulation information, total capacity, total vacancies, days of care, and rates for care. Because registration is voluntary, not all care providers report all information.

## Costs of Care

The table below presents the average cost for families, by type, of early care and education. These data were collected in the Department of Economic Security's Market Rate survey, by making phone calls to care providers asking for the average charge for care for different ages of children. In general, it can be noted that care is more expensive for younger children. Infant care is more costly for parents, because ratios of staff to children *should* be lower for very young children and the care of very young children demands care provider skill sets that are unique. Clearly these costs present challenges for families, especially those at the lowest income levels. These costs begin to paint a picture of how family choices in early care are determined almost exclusively by financial concerns rather than concerns about quality.

In the South Phoenix region in 2006, child care rates were most expensive for licensed centers when compared with other settings. Costs for infants show the greatest difference by type, at over \$5.00 more per day for a licensed center compared with group or certified homes. The following charts show the state and national comparisons for child care costs. It is notable that the costs of child care in Arizona can be quite a bit less than the national average.

South Phoenix Region – Average Daily Charges by Provider Type and Age of Child						
	2004			2006		
	Infant	Toddler	Preschool	Infant	Toddler	Preschool
<b>Group Homes</b>	\$22.87	\$21.29	\$19.67	\$23.65	\$21.98	\$21.98
<b>Licensed Centers</b>	\$27.99	\$26.80	\$23.76	\$28.74	\$24.40	\$21.98
<b>In Home Care</b>	\$25.00	\$25.00	\$24.00	\$25.00	\$23.20	\$19.80
<b>DES Certified Homes</b>	\$21.10	\$19.79	\$21.10	\$23.34	\$22.05	\$20.68
<b>Alt. Approved Homes</b>	\$14.21	\$13.59	\$14.21	\$15.03	\$13.89	\$13.34
<b>Non-Regulated Homes</b>	\$20.70	\$16.69	\$20.70	\$23.20	\$21.50	\$20.47

## Child Care Costs In Reference To Family Income

The cost of child care can be a considerable burden for Arizona families. Yearly fees for child care in the state of Arizona range from almost \$8,000 for an infant in a licensed center to about \$5,900 for before and after school care in a family child



care home. The cost of infant care represents about 12 percent of the median family income of Arizona married couples with children under 18. It represents 22 to 30 percent of the median income of a single parent female-headed family in Arizona.

Child Care Costs and Family Incomes	AZ	U.S.
Average, annual fees paid for full-time center care for an infant	\$7,974	\$4,542-\$14,591
Average, annual fees paid for full-time center care for four-year-old	\$6,390	\$3,380-\$10,787
Average, annual fees paid for full-time care for an infant in a family child-care home	\$6,249	\$3,900-\$9,630
Average, annual fees paid for full-time care for a four-year-old in a family child-care home	\$6,046	\$3,380-\$9,164
Average, annual fees paid for before and after school care for a school age child in a center	\$6,240	\$2,500-\$8,600
Average, annual fees paid for before and after school care for a school age child in a family child care home	\$5,884	\$2,080-\$7,648
Median annual family income of married-couple families with children under 18	\$66,624	\$72,948
Cost of full-time care for an infant in a center, as percent of median income for married-couple families with children under 18	12%	7.5%-16.9%
Median annual family income of single parent (female headed) families with children under 18	\$26,201	\$23,008
Cost of full-time care for an infant in a center, as percent of median income for single parent (female headed) families with children under 18	30%	25%-57%

Source: NACCRA Fact Sheet: 2008 Child Care in the State of Arizona. <http://www.naccrra.org/randd/data/docs/AZ.pdf>.

## Health

Children's good health is an essential element that is integrally related to their learning, social adjustment, and safety. Healthy children are ready to engage in the developmental tasks of early childhood and to achieve the physical, mental, intellectual, social and emotional well being necessary for them to succeed when they reach school age. Children's healthy development benefits from access to preventive, primary, and comprehensive health services that include screening and early identification for developmental milestones, vision, hearing, oral health, nutrition and exercise, and social-emotional health.

### Prenatal Care

Previous sections of this report discuss the importance of prenatal care and provide a review of prenatal care for the South Phoenix Region. The data shown indicate that most pregnant women receive some prenatal care. However, only about 25 percent receive the recommended number of 13 or more prenatal visits. Further, data for Phoenix shows that in 2006, 3 percent of pregnant women deliver without having any prenatal care visits. Seven hundred eighty-eight babies were born to women who received no prenatal care.

## Access to Health Care and Well Child Visits

Access to medical care and routine well child checks are important to keeping young children healthy. However, in Arizona, many children do not receive medical care on a routine basis. In 2003, 305,562 Arizona children (birth through age 17) did not receive any medical care during the year.<sup>49</sup> In part, this can be attributed to high number of uninsured children in our state. (See previous section Health Coverage and Utilization.) As the table below suggests, health coverage and access to medical care are linked. However, Arizona children are more likely than their national peers to lack access to health care. For example, according the Robert Wood Johnson Foundation, Arizona has the highest rate of uninsured children who receive not health care during the year in the country.<sup>50</sup>

### Percent of Children (Birth through 17) Not Receiving any Medical Care, 2003

	Insured All Year		Uninsured All or Part of the Year	
	Percent Not Receiving Medical Care	Number Not Receiving Medical Care	Percent Not Receiving Medical Care	Number Not Receiving Medical Care
<b>Arizona</b>	14.8	171,303	38.1	134,259
<b>US</b>	12.3	7,635,605	25.6	2,787,711

Source: Robert Wood Johnson Foundation. Protecting America's Future: A State-By-State Look at SCHIP and Uninsured Kids, August 2007.

While the number of children having access to medical care or well child visits could not be determined for this report, the high rate of uninsured children in the region would suggest that access to medical care and well child visits is limited. As described in the section on Health Coverage and Utilization, children who are enrolled in AHCCCS are very likely to received well child visits during the year, as are children who are enrolled in Head Start.

## Oral Health

Access to dental care is also limited for young children in both the state and the region. In 2003, 10 percent of children ages six through eight in Phoenix had urgent dental needs. Thirty-five percent of children in Phoenix in the same age group had untreated tooth decay.

### Need for Dental Care Among Children (ages six through eight)

	Phoenix	Arizona	U.S.
<b>Untreated Tooth Decay</b>	35%	40%	29%
<b>Urgent Treatment Needs</b>	10%	9%	NA

Source: Arizona Department of Health Services, Community Health Profile, Phoenix, 2003.

Lack of dental coverage may be a contributing factor to lack of oral health among children. The Arizona Department of Health Services' 2003 Community Health Profile for Phoenix shows that 25 percent of children lack dental insurance.

<sup>49</sup> Robert Wood Johnson Foundation. Protecting America's Future: A State-by-State Look at SCHIP and Uninsured Kids. August 2007.

<sup>50</sup> Robert Wood Johnson Foundation, Covering Kids and Families. "The State of Kids Coverage," August 9, 2006.

It appears that lack of dental care and incidence of tooth decay begins well before children reach school. A study completed by the Arizona Department of Health Services studying children's oral health status from 1999 to 2003 determined that 35 percent of Arizona kindergarten students (mainly five year olds) had untreated tooth decay, and half of Arizona kindergarteners had experience with tooth decay. This same study also found that 25 percent of all Arizona kindergarten students had never been seen for a dental visit and of those children, 59 percent came from Hispanic families, and 35 percent had family incomes of less than \$15,000 per year.

## Immunizations

Immunization of young children is known to be one of the most cost-effective health services available and is essential to prevent early childhood diseases and protect children from life threatening diseases and disability. A Healthy People 2010 goal for the U.S is to reach and sustain full immunization of 90 percent of children two years of age.

Although recent data was unavailable for this report, data from 2003 suggest that Phoenix lags behind the state and nation in percent of immunized two year olds. In 2003, only 66 percent of Phoenix two year olds were immunized according to the 4:3:1:3 immunization schedules.

### Immunized Two-Year-Olds

South Phoenix Region	2003	2007	2008
Phoenix	66%	NA	NA
Maricopa County	56%	NA	NA
Arizona	80%	78%	81%
US	80%	82%	82%

Source: ADHS Community Health Profile, Phoenix, 2003. ADHS National Immunization Survey, comparison of 2007 to 2008 Results.

## Developmental Screening

Early identification of developmental or health delays is crucial to ensuring children's optimal growth and development. The Arizona Chapter of the American Academy of Pediatrics recommends that all children receive a developmental screening at nine, 18, and 24 months with a valid and reliable screening instrument. Providing special needs children with supports and services early in life leads to better health, better outcomes in school, and opportunities for success and self-sufficiency into adulthood. Research has documented that early identification of and early intervention with children who have special needs can lead to enhance developmental outcomes and reduced developmental problems.<sup>51</sup> For example, children with autism, identified early and enrolled in early intervention programs, show significant improvements in their language, cognitive, social, and motor skills, as well as in their future educational placement.<sup>52</sup>

51 Garland, C., Stone, N. W., Swanson, J., & Woodruff, G. (eds.). *Early Intervention for Children with Special Needs and their Families: Findings and Recommendations*. 1981, Westat Series Paper 11, University of Washington; Maisto, A. A., German, M. L. Variables Related to Progress in a Parent-Infant Training Program for High-Risk Infants. 1979, *Journal of Pediatric Psychology*, 4, 409-419.; Zeanah, C. H. *Handbook of Infant Mental Health*, 2000, New York: The Guildford Press.

52 National Research Council, Committee on Educational Interventions for Children with Autism, Division of Behavioral and Social Sciences and Education. *Educating Children with Autism*. Washington, DC: National Academy Press; 2001.

Parents' access to services is a significant issue, as parents may experience barriers to obtaining referrals for young children with special needs. This can be an issue if, for example, an early childcare provider cannot identify children with special needs correctly.<sup>53</sup>

While recommended, all Arizona children are not routinely screened for developmental delays although nearly half of parents nationally have concerns about their young child's behavior (48 percent), speech (45 percent), or social development (42 percent).<sup>54</sup> Children most likely to be screened include those that need neonatal intensive care at birth. These babies are all referred for screening and families receive follow-up services through Arizona's High Risk Perinatal Program administered through county Health Departments.

Every state is required to have a system in place to find and refer children with developmental delays to intervention and treatment services. The federal Individuals with Disabilities Education Act (IDEA) governs how states and public agencies provide early intervention, special education, and related services. Infants and toddlers with disabilities (birth to age three) and their families receive early intervention services under IDEA Part C. Children and youth (ages three to 21) receive special education and related services under IDEA Part B. Medically necessary intervention services may be provided through AHCCCS or the Division for Developmental Delays (DDD) within the Department of Economic Security.

In Arizona, one of the system components that serve eligible infants and toddlers includes the Arizona Early Intervention Program (AZEIP). Eligible children have not reached 50 percent of the developmental milestones expected at their chronological age in one or more of the following areas of childhood development: physical, cognitive, language/communication, social/emotional, and adaptive self-help. Identifying how many children are provided services prior to reaching kindergarten is an important first step in understanding how well a community's screening and identification process is working. Additionally, the number of children being served provides initial information as to the demand for service providers who work with young children.

The following chart shows the number of AZEIP services for children birth through age three for children throughout Maricopa County.

#### Children Birth through Three Years Receiving Developmental Services in Maricopa County

Service Received According to Age Group*	2005	2006
<b>AZEIP Screening Birth through 12 Months</b>	276 (0.46%)	311 (0.49%)
<b>AZEIP Screening 13 through 36 months</b>	2,501 (1.39%)	2,810 (1.49%)

\*The AZEIP data are only available at the county level.

Source: Arizona Early Intervention Program, Arizona Department of Health Services.

There are many challenges for Arizona's early intervention and special education programs in being able to reach and serve children and parents. Speech, physical, and occupational therapists are in short supply and more acutely so in some areas of the

53 Hendrickson, S., Baldwin, J. H., & Allred, K. W. Factors Perceived by Mothers as Preventing Families from Obtaining Early Intervention Services for their Children with Special Needs, *Children's Health Care*, 2000, 29, 1-17.

54 Inkelas, M., Regalado, M., Halfon, N. Strategies for Integrating Developmental Services and Promoting Medical Homes. Building State Early Childhood Comprehensive Systems Series, No. 10. National Center for Infant and Early Childhood Health Policy. July 2005.

state than others. Families and health care providers are frustrated by the tangle of procedures required by both private insurers and the public system. These problems will require the combined efforts of state and regional stakeholders to arrive at appropriate solutions.

While longer-term solutions to the therapist shortage are developed, parents can be primary advocates for their children to assure that they receive appropriate and timely developmental screenings according to the schedule recommended by the Academy of Pediatrics. Also, any parent who believes their child has delays can contact the Arizona Early Intervention Program or any school district and request that their child be screened. Outreach, information, and education for parents on developmental milestones for their children, how to bring concerns to their health care provider, and the early intervention system and how it works, are parent support services that each region can provide. These measures, while not solving the problem, will give parents some of the resources to increase the odds that their child will receive timely screening, referrals, and services.

## Family Support

Family support is a foundation for enhancing children's positive social and emotional development. Children who experience sensitive, responsive care from a parent perform better academically and emotionally. Beyond the basics of care and parenting skills, children benefit from positive interactions with their parents (e.g. physical touch, early reading experiences, and verbal, visual, and audio communications). Children depend on their parents to ensure they live in safe and stimulating environments where they can explore and learn.

Many research studies have examined the relationship between parent-child interactions, family support, and parenting skills.<sup>55</sup> Much of the literature addresses effective parenting as a result of two broad dimensions: discipline and structure, and warmth and support.<sup>56</sup> Strategies for promoting enhanced development often stress parent-child attachment, especially in infancy, and parenting skills.<sup>57</sup> Parenting behaviors have been shown to impact language stimulation, cognitive stimulation, and promotion of play behaviors—all of which enhance child well being.<sup>58</sup> Parent-child relationships that are secure and emotionally close have been found to promote

55 Brooks-Gunn, J., Klebanov, P.K., & Liaw, F. R. The Learning, Physical, and Emotional Environment of the Home in the Context of Poverty: The Infant Health and Development Program. *Children and Youth Services Review*, 1994, 17, 251-276; Hair, E., C., Cochran, S. W., & Jager, J. Parent-Child Relationship. In E. Hair, K. Moore, D. Hunter, & J. W. Kaye (Eds.), *Youth Development Outcomes Compendium*. Washington DC, Child Trends; Maccoby, E. E. Parenting and its Effects on Children: On Reading and Misreading Behavior Genetics, 2000, *Annual Review of Psychology*, 51, 1-27.

56 Baumrind, D. Parenting Styles and Adolescent Development. In J. Brooks-Gunn, R., Lerner, & A. C. Peterson (Eds.), *The Encyclopedia of Adolescence* (pp. 749-758). New York: Garland; Maccoby, E. E. Parenting and its Effects on Children: On Reading and Misreading Behavior Genetics, 2000, *Annual Review of Psychology*, 51, 1-27.

57 Sroufe, L. A. *Emotional Development: The Organization of Emotional Life in the Early Years*. Cambridge: Cambridge University Press; Tronick, E. Emotions and Emotional Communication in Infants, 1989, *American Psychologist*, 44, 112-119.

58 Brooks-Gunn, J., Klebanov, P.K., & Liaw, F. R. The Learning, Physical, and Emotional Environment of the Home in the Context of Poverty: The Infant Health and Development Program. *Children and Youth Services Review*, 1994, 17, 251-276; Snow, C. W., Barnes, W. S., Chandler, J., Goodman, I. F., & Hemphill, J., *Unfulfilled Expectations: Home and School Influences on Literacy*. Cambridge, MA: Harvard University Press.

children's social competence, prosocial behaviors, and empathic communication.<sup>59</sup>

The new economy has brought changes in the workforce and family life. These changes are causing financial, physical, and emotional stresses in families, particularly low-income families. Increasing numbers of new immigrant families are challenged to raise their children in the face of language and cultural barriers. Regardless of home language and cultural perspective, all families should have access to information and services and should fully understand their role as their children's first teachers.

Supporting families is a unique challenge that demands collaboration between parents, service providers, educators and policy makers to promote the health and well being of young children. Every family needs and deserves support and access to resources. Effective family support programs will build upon family assets, which are essential to creating self-sufficiency in all families. Family support programming will play a part in strengthening communities so that families benefit from "belonging." Success is dependent on families being solid partners at the table, with access to information and resources. Activities and services must be provided in a way that best meet family needs.

Family support is a holistic approach to improving young children's health and early literacy outcomes. In addition to a list of services like the licensed child care providers, preschool programs, food programs, and recreational programs available to families, Regional Partnership Councils will want to work with their neighborhoods to identify informal networks of people – associations – that families can join and utilize to build a web of social support.

In the Phoenix area, the Valley of the Sun United Way has developed an array of education materials for families. School and library programs also offer resources for parent knowledge and education materials including classes, websites, handouts, and brochures. Raising Special Kids, SAARC, United Cerebral Palsy of Central Arizona, Inc., and Southwest Human Development all provide information and resources for families with children with special needs. Southwest Institute for Families and Children with Special Needs has developed SWIFT® resources – a web-based listing of over 2,795 resources for families in Maricopa County.

Families living in the South Phoenix Region face a wide array of stresses that affect the ability of families to care for young children. The following chart lists family stress issues specifically identified by the South Phoenix Regional Council.

#### **Family Stress Issues Identified by the South Phoenix Regional Partnership Council, 2008**

Basic living issues	Domestic violence
Lack of affordable health	Cultural issues-immigration and acculturation
Financial stress—child care costs	Access to behavioral health treatment
Finding quality child care	Jobs
Language barriers-English language learning	Family safety
Transportation	Limited parenting skills

59 Hair, E., C., Cochran, S. W., & Jager, J. Parent-Child Relationship. In E. Hair, K. Moore, D. Hunter, & J. W. Kaye (Eds.), *Youth Development Outcomes Compendium*. Washington DC, Child Trends; Sroufe, L. A. *Emotional Development: The Organization of Emotional Life in the Early Years*. Cambridge: Cambridge University Press; Tronick, E. Emotions and Emotional Communication in Infants, 1989, *American Psychologist*, 44, 112-119.



While resources exist for residents in the South Phoenix community, access remains a significant barrier for many of these families. For example, in a 2007 report by the Maricopa County Department of Health, it notes that focus groups of 59 African American women in South Phoenix reported that access is a critical issue. Focus group participants noted that resources for health care and other social services are difficult to obtain.<sup>60</sup> This report also identified the particular issues present for African American women who face discrimination and negative stereotypes. The report states that service use is hampered by the lack of an identified facility in the community and the respondents feeling that there is no “community” and no identified gathering place.

## Countering High Crime

Children in the South Phoenix Region are exposed to numerous risk factors, requiring sustainable actions to protect their physical, emotional, social and behavioral health. There is an extremely high rate of crime and family criminality in the 85040 and 85041 (South Mountain) zip code areas, which has long-term negative effects on the physical, social, and emotional well-being of children, especially children of prisoners. In 2004, the South Mountain area had a prison admission rate of 12.3 admissions per 1,000 people compared to a statewide rate of 4.81 admissions per 1,000, as reported by the Arizona Department of Corrections. South Mountain makes up 1.1 percent of the State’s resident population but is home to 6.5 percent of the State’s prison population. There are approximately 1,360 children of prisoners living in either 85040 or 85041 on any given day.

More recently, in a cross-agency and community collaboration effort to counter high crime related problems in the 85040 and 85041 zip codes, the Arizona Department of Health Services, First Things First, the Arizona Department of Economic Security, and the University of Arizona sought and received a SAMHSA grant for an effort called TAPESTRY Project. Over the next five years, approximately \$900,000 will be dedicated annually, to build programs to support the immediate and long-term well being of children of incarcerated parents in Phoenix’s South Mountain community.

## Parent Knowledge about Early Education Issues

When asked, child care professionals continually report that families need more and better information about quality child care.<sup>61</sup> Parents seem fairly perceptive of their need for more information. In 2007, the Valley of the Sun United Way conducted a survey with parents (N =250) across Maricopa County. Results indicated that many of the parents surveyed (40 percent) felt knowledgeable about early childhood issues. Still, almost half of parents surveyed (40 percent) indicated they could use “a lot more” education about early childhood issues, with only 20 percent responding that they only wanted a little more information.

60 African American Women Speak Out: A Focus Group report on Health Care, 2006-2007, Maricopa County Department of Public Health.

61 Whitebook, M., Howes, C., & Phillips, D. Who Cares? Child Care Teachers and the Quality of Care in America, 1989, Oakland, CA: Child Care Employee Project.

## Literacy

Many family and early childhood literacy programs exist in the region and in surrounding areas. Literacy Volunteers of Maricopa County provides one-to-one tutoring, preparation for the GED exam at the LEARN Center, computer literacy training at the Community Technology Center, Family Literacy (including basic education and parenting for parents of preschool and kindergarten children), and workplace education. Libraries and school districts also offer programs to assist families with literacy. The Reach Out and Read Program encourages family literacy during a child's visit to the physician/clinic. Children are given a book during each well-child check. Channel Eight PBS programming offers many opportunities for children and families to learn together using the internet, television programming, and direct training. In the parent training component – Ready to Learn — families meet with a trainer and are given books and techniques for reading to their children as well as strategies for watching television together.

### Maricopa County Literacy Efforts (2008)

Family literacy programs available <ul style="list-style-type: none"> <li>• Seven libraries</li> <li>• Four family and child care associations</li> <li>• Four other programs</li> </ul>	15
High school literacy programs for teen caregivers	5

Source: SWIFT\* Resources (2008) [www.swifamilies.com](http://www.swifamilies.com)

There are a multitude of resources available in the South Phoenix region to aid parent knowledge, family literacy and daily reading to children including a host of public libraries, school programs that support family literacy through Head Start, local community organizations such as Reach out and Read, and other groups dedicated to parents and families with young children. A complete listing of these assets is included in the appendix to this report.

## Professional Development

Professionals providing early childhood services can improve their knowledge and skills through professional education and certification. Training can include developmental theory, as well as practical skills in areas such as child health, child safety, parent/child relationships, and professional child care service delivery. The professional capacity of the early childhood workforce and the resources available to support it affect the development of the region's young children.

### Child Care Professionals' Certification and Education

Research on caregiver training has found a relationship between the quality of child care provided and child development outcomes.<sup>62</sup> Furthermore, formal training is related to increased quality care. However, *experience without formal training* has not

62. NICHD Early Child Care Research Network. The Relation of Child Care to Cognitive and Language Development, 2000, *Child Development*, 71, 960-980.

been found to be related to quality care.<sup>63</sup>

A pressing concern of the South Phoenix Regional Partnership Council, and for many other areas around the state, is the preparation of its early childhood and elementary school teachers. Professional training and credentialing of professionals appears to be lacking in the region. (See the following two charts).

### Child Care Professionals' Educational Background

Degree Type	South Phoenix 2007		Arizona* 2007		U.S.** 2002	
	Teachers	Assistants	Teachers	Assistants	Teachers	Assistants
No degree	65%	83%	61%	82%	20%	12%
CDA	7%	6%	9%	7%	N/A	N/A
Associates	15%	8%	15%	8%	47%	45%
Bachelors	14%	3%	19%	7%	33%	43%
Masters	6%	0%	6%	<1%		

Source: Compensation and Credentials report, Center for the Child Care Workforce – Estimating the Size and Components of the U.S. Child Care Workforce and Caregiving Population report, 2002.

\* Arizona figures were determined by using the statewide average from the Compensation and Credentials report.

\*\*U.S. figures had slightly different categories: High school or less was used for no degree, Some college was used for Associates degree, and Bachelors degree or more was used for Bachelors and Masters degree.

The number of teachers and associated early child care professionals has grown only slightly from 2004 to 2007.

### Child Care Professionals' Capacity in the Phoenix South Central Region

Number of Early Childhood Teachers and Administrators in the Phoenix South Region – 2004 and 2007		
	2004	2007
Number of Teachers	407	456
Number of Assistant Teachers	239	290
Number of Teacher Directors	47	39
Number of Administrative Directors	51	49
Number of Part Time Teachers	87	64
Number of Part Time Assistant Teachers	114	125
Number of Part Time Teacher Directors	3	3
Number of Part Time Administrative Directors	2	2
Total	950	1,028

Source: Compensation and Credentials Report 2007.

### Professional Development Opportunities

Early childhood educators and professionals have a variety of education and training resources available, including online training and education, and degree programs through the state universities or through the Maricopa Community Colleges. In the

63 Galinsky, E. C., Howes, S., & Shinn, M. *The Study of Children in Family Care and Relative Care*. 1994, New York: Families and Work Institute; Kagan, S. L., & Newton, J. W. Public Policy Report: For-Profit and Non-Profit Child Care: Similarities and Differences. *Young Children*, 1989, 45, 4-10; Whitebook, M., Howes, C., & Phillips, D. *Who Cares? Child Care Teachers and the Quality of Care in America*, 1989, Oakland, CA: Child Care Employee Project.

Phoenix area, Phoenix College provides a variety of education and certification programs designed to meet the needs of individuals interested in pursuing careers in early childhood education, or who are currently employed at preschools, child care centers, extended day programs, or other programs or agencies that focus on early childhood education and development. These varied pathways enable Phoenix College to address the needs of those students who wish to continue their education at the university level as well as those students who need the credentials of a two-year degree.

Aside from other online educational programs, South Mountain Community College, Arizona State University, Northern Arizona University, and University of Arizona programs are available. Tracking of personnel training and qualifications is provided by the S\*CCEEDS Program from the Association for Supportive Child Care.

### **South Mountain Community College**

Within the South Phoenix Region, the Dynamic Learning Teacher Education Program at South Mountain Community College (SMCC) offers courses leading to an Associate in Applied Science (A.A.S) degrees in early childhood education, special education, elementary education, secondary education, and multilingual and multicultural education. The Early Childhood Development program is designed to meet the needs of students wishing to work in early childhood education, with an emphasis on multi-linguistic and multi-cultural approaches in working with children.

South Mountain Community College also offers a Certificate of Completion (CCL) Program in Early Childhood Development. The following is a listing of select courses:

- Art activities for the young child,
- Learning with toys,
- Working with hyperactive children,
- Child development,
- Early childhood program management,
- Diversity in early childhood education,
- Mainstreaming the young child with a disability,
- Preschool family-school interaction,
- Writing for early childhood professionals,
- Child care seminars,
- Observing young children,
- Arranging the environment,
- Science for the young child,
- Literacy development and the young child,
- Early childhood curriculum development,
- Movement/music for the young child,
- Discipline/guidance for the young child,

- Physical well-being of the young child,
- Professional development in early childhood education,
- Using storytelling in educational settings,
- Safety in early childhood settings,
- Enhancing infant development,
- Enhancing toddler development,
- Learning materials for young children,
- Health in early childhood settings,
- And emergency care for child care providers.

South Mountain Community College also offers a Teacher Education Montessori Program, with courses designed for individuals who would like to enter the field of Montessori education in preschools; preschool, kindergarten and primary teachers who wish to use the Montessori Method and/or Montessori materials in their classrooms; and special education teachers who need manipulative and concrete materials to develop skills and abstract ideas. The SMCC Teacher Education Program is fully accredited by the Montessori Accreditation Council for Teacher Education.

Finally, South Mountain Community College offers an Associate's degree in Arts Elementary Education Degree (AAEE), with required coursework in child development and exceptional learning.

## Employee Retention

Providing families with high quality child care is an important goal for promoting child development. Research has shown that having child care providers who are more qualified and who maintain employee retention is associated with more positive outcomes for children.<sup>64</sup> More specifically, research has shown that child care providers with more job stability are more attentive to children and promote more child engagement in activities.<sup>65</sup>

As the chart below shows, average length of various child care professionals' employment has remained low with 44 percent of teachers and 67 percent of assistant teachers employed two years or less.

64 Raikes, H. Relationship Duration in Infant Care: Time with a High Ability Teacher and Infant-Teacher Attachment. 1993, *Early Childhood Research Quarterly*, 8, 309-325.

65 Stremmel, A., Benson, M., & Powell, D. Communication, Satisfaction, and Emotional Exhaustion Among Child Care Center Staff: Directors, Teachers, and Assistant Teachers, 1993, *Early Childhood Research Quarterly*, 8, 221-233; Whitbook, M., Sakai, L., Gerber, E., & Howes, C. *Then and Now: Changes in Child Care Staffing, 1994-2000*. Washington DC: Center for Child Care Workforce.

### Average Length of Employment for Child Care Professionals in the South Phoenix Region (2007)

	Six Months or Less	Seven to 11 Months	One Year	Two Years	Three Years	Four Years	Five Years or More	Not applicable	"Don't Know/Refused"
<b>Teachers</b>	6%	6%	12%	20%	11%	7%	37%	1%	0%
<b>Assistant Teachers</b>	12%	4%	39%	12%	8%	4%	6%	14%	2%
<b>Teacher Directors</b>	4%	2%	4%	6%	0%	2%	35%	47%	0%
<b>Administrative Directors</b>	3%	2%	6%	6%	6%	8%	38%	28%	4%

Source: Compensation and Credentials Survey 2007.

## Compensation and Benefits

Higher compensation and benefits have been associated with quality child care. Research studies have found that in family care and in child care centers, workers' salaries are related to quality child care.<sup>66</sup> Furthermore, higher wages have been found to reduce turnover—all of which is associated with better quality child care.<sup>67</sup> Better quality care translates to workers routinely promoting cognitive and verbal abilities in children and social and emotional competencies.<sup>68</sup>

As the chart below shows, small salary increases have been implemented from 2004 to 2007 in the South Phoenix Region. For teachers the increase is just over 50 cents and for assistant teachers the salary increased only 98 cents from one year to the next.

### Average Wages and Benefits for Child Care Professionals in the South Phoenix Region

	2004	2007
<b>Teacher</b>	\$9.93	\$10.56
<b>Assistant Teacher</b>	\$7.49	\$8.47
<b>Teacher/ Director</b>	\$11.70	\$13.76
<b>Admin/ Director</b>	\$18.16	N/A

Sources: 2004 and 2007 data is from the Compensation and Credentials Survey.

## Public Information and Awareness

Public interest in early childhood is growing. Recent research in early childhood development has increased families' attention on the lasting impact that children's environments have on their development. The passage of Proposition 203 – First Things First – in November 2006, as well as previous efforts lead by the United Way, the Arizona Community Foundation, and the Arizona Early Education Funds, have

66 Lamb, M. E. Nonparental Child Care: Context, Quality, Correlates. In W. Damon, I. E. Sigel, & K. A. Renninger (Eds.), *Handbook of Child Psychology* (5th ed.), 1998, pp. 73-134. New York: Wiley & Sons; National Research Council and Institute of Medicine. *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Washington DC: National Academy Press.

67 Schorr, Lisbeth B. Pathway to Children Ready for School and Succeeding at Third Grade. Project on Effective Interventions at Harvard University, June 2007.

68 Ibid.



elevated early childhood issues to a new level in our state.

Increasingly, families and caregivers are seeking information on how best to care for young children. National studies suggest that more than half of American parents of young children do not receive guidance about important developmental topics, and want more information on how to help their child learn, behave appropriately, and be ready for school. Many of the most needy, low-income, and ethnic minority children are even less likely to receive appropriate information.<sup>69</sup>

Families and caregivers also seek information on how families can connect with and navigate the myriad of public and private programs that exist in their communities that offer services and support to young children and their families. Few connections exist between such public and private resources, and information that is available on how to access various services and supports can be confusing or intimidating. Information provided to families needs to be understandable, culturally, and geographically relevant, and easily accessible.

Because the South Phoenix Region has a large population of African Americans and Hispanics, public information and awareness should capture the special issues that are present with these groups. We know that special health care issues are reflected in the ethnic makeup of a community. For example, according to a national report, infant mortality is more common for African Americans, Hispanic women are the most likely ethnic group to give birth with no prenatal care, and American Indians are prone to developing diabetes and influenza.<sup>70</sup>

In the South Phoenix Region, many organizations currently play a role in providing information on child development and family resources and supports to families. A list of resources is included in the appendix of this report. Across each community in Arizona the following resources provide important early childhood services:

- **School Districts** – which disseminate information to parents and the community at large through a number of events throughout the school year that include open house nights, PTO monthly meetings, information fairs and parent university weekends. School districts also use federal funding to keep parents aware of important issues such as health care and child nutrition through information campaigns. School districts have also created a network of information for parents through weekly or monthly newsletters, health bulletins, and website updates.
- **Public Libraries** – Many libraries offer parent workshops to families on how to raise young readers. Many of the libraries offer story times for young children and their caregivers, where best practices in early literacy are modeled. The libraries may also conduct outreach story times at a limited number of child care centers in the region, where they also train child care providers and families on best practices in early literacy.
- **Community Organizations** – A variety of community organizations provide education, social services, education, and other forms of assistance related to early childhood. Each community has unique agencies that can foster the goals of promoting early childhood development.

69 Halfon, Nel, et al. "Building Bridges: A Comprehensive System for Healthy Development and School Readiness." National Center for Infant and early Childhood Health Policy, January 2004.

70 Arizona Public Health Association Report, Health Disparities.

- **Head Start** – The South Phoenix Region has many Head Start Programs to inform low income families about issues related to child growth and development as well as school readiness, issues around parent involvement, children’s health, and available community social services.

Additionally, a number of organizations, hospitals, and businesses collaborate to educate parents on child development by providing resources such as:

- **Learning Kits** – Several organizations in the South Phoenix Region provide kits to families with information on how to best care for young children.
- **The Virginia G. Piper Charitable Trust** collaborates with the medical community to provide information to parents of newborns through area hospitals. The kits provided include the Arizona Parents Guide, which contains useful tips about child development, health and safety, quality child care, and school readiness. The kit also includes five high quality videos describing the importance of the early years of child development, parenting skills such as positive discipline, quality early care and education settings, and keeping a child well and healthy. A first book for baby is also included in the kit.
- **The Arizona Literacy and Learning Center** provides Readiness kits for parents with young children that includes eighteen categories of objects that are appropriate for interactive play with infants and toddlers. The Play to Learn activity book included in the kit provides activities that nurture learning through multiple intelligences across four major learning domains. A special emphasis is put on language development and pre-math and pre-reading skills as well as the development of self-confidence, self-image, and imagination.
- **The Valley of the Sun United Way** provides School Readiness Kits to parents and caregivers in Maricopa County. This comprehensive tool (offered in both English and Spanish) is divided into three sections including Early Learning & Development, Nurturing a Positive Attitude and The First Day of School. The kit fosters proper learning and social skill progress for children birth through age five.
- **Back-to-School Information** – Numerous organizations distribute information to families with young children as they prepare to enter or return to elementary school each year in July or August.

Public awareness and education efforts need to go beyond informing parents and caregivers about early childhood needs and family support efforts. Additional efforts must be directed toward educating the broader public. In particular, policy leaders need to better understand the link between early childhood efforts and the broader community’s future success. Broader public support must be gleaned to build the infrastructure needed to help every Arizona child succeed in school and life. Success in building a comprehensive system of services for young children requires a shift in public perceptions and public will.<sup>71</sup>

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71 Clifford, Dean, PhD. Practical Considerations and Strategies in Building Public Will to Support Early Childhood Services.

## System Coordination

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Throughout Arizona, programs and services exist that are aimed at helping young children and their families succeed. However, many such programs and services operate in isolation of one another, compromising their optimal effectiveness. A coordinated and efficient systems-level approach to improving early childhood services and programs is needed.

System coordination can help communities produce higher quality services and obtain better outcomes. For example, one study found that families who were provided enhanced system coordination benefited more from services than did a comparison group that did not receive service coordination.<sup>72</sup> Effective system coordination can promote First Things First's goals and enhance a family's ability to access and use services.

Partnerships are needed across the spectrum of organizations that touch young children and their families. Organizations and individuals must work together to establish a coordinated service network. Improved coordination of public and private human resources and funding could help maximize effective outcomes for young children.

A wide array of opportunities exists for connecting services and programs that touch children and families. Early childhood education providers could be better connected to schools in the region. Services and programs that help families care for their young children could be better connected with one another to enhance service delivery and efficiency. Public programs that help low income families could be better coordinated so that redundancies as well as "gaps" in services are eliminated. Faith-based organizations could increase awareness among families of child development and family resources and services. Connections between early education and health providers could be forged.

To obtain community-level information pertaining to systems coordination, a detailed questionnaire was shared with seven community experts serving the Phoenix South and Phoenix Central regions combined, representing diverse sectors of the community, including school districts, community colleges, child care and learning centers, preschools, faith-based organizations, non-profit organizations, Head Start programs, local governmental entities, and relevant early childhood associations and advocacy groups. Select findings are as follows.

The primary agencies or groups identified by survey respondents as currently set up to increase system coordination in the Phoenix South and Phoenix Central communities include: Valley of the Sun United Way; Success by Six Groups (overseen by United Way); PAFCO; Association for Supportive Child Care (ASCC); Arizona Literacy and Learning Center (LLC); the Phoenix Elementary Preschool/Early Childhood Program; and the Office of the Vice President for Education Partnerships/Early Childhood Community of Practice.

Six out of seven survey respondents (86 percent) stated that organizations within the Phoenix South and Phoenix Central regions are actively and successfully working together to improve the lives of families and children birth through age five in

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<sup>72</sup> Gennetian, L. A., & Miller, C. *Reforming Welfare and Rewarding Work: Final Report on the Minnesota Family Investment Program: Effects on Children*, 2000, New York: Manpower Demonstration Research Corporation; Miller, C., Knox, V., Gennetian, L. A. *Final Report on the Minnesota Family Investment Program: Vol. 1: Effects on Adults*, 2000, New York: Manpower Demonstration Research Corporation.

their communities. While numerous coordination efforts are being carried out in both regions, all survey respondents suggested that improvements are still needed to improve early childhood systems coordination in their regions.

The following chart lists the identified gaps in community services:

### **South Phoenix – Identified Gaps in Community Services**

- More service integration
- Health care for those that can't obtain kids care
- Quality day care (especially zip code 85009)
- Preschools
- Parent training groups
- Affordable child care (especially if over DES requirement)
- Assistance for child care
- Spanish speaking resources
- Family support especially after birth
- Increased use of formal child care options
- Service delivery for immigrants
- Collaboration with faith based groups
- Limited community confidence
- Limited funds
- Parent participation in decision making
- Refugee groups

With respect to sector representation, feedback from survey respondents suggests that coordination efforts within the Phoenix South and Phoenix Central regions has reached a diversity of community stakeholders, including members of the public education system; community-based programs; literacy programs; Head Start programs; libraries; hospitals; and to a lesser extent, members of the child care community/industry. Sector representation that was deemed as “lacking” by survey respondents included a gap in participation from the faith-based community and local business community.

In terms of demographic and geographical representation, there are several communities that survey respondents suggested may be left out or underrepresented in coordination efforts of the Phoenix South and Phoenix Central regions, including children from undocumented families, refugee and immigrant communities, and African American and Asian American communities. Respondents also suggested that the further a community is located from the City of Phoenix, the less likely they are “in the loop” in terms of systems coordination.

Suggestions provided by survey respondents to improve coordination efforts, and better reach under-served populations/sectors in the Phoenix South and Phoenix

Central regions, include the following:

- Expand outreach efforts to better include members of the faith-based community, business community, and health-focused providers within systems coordination efforts in the regions.
- Expand outreach efforts to better incorporate the needs of the African American community, refugee children and families, and the children of undocumented families into early childhood coordination efforts.
- Work collaboratively to raise funds for priority projects given funds are limited and competition tends to encourage territorialism in service delivery.
- Improve collaboration efforts between Maricopa County and Southern Arizona.
- Increase public awareness regarding available services for early childhood development for families.
- Improve coordination between early childhood centers and health organizations and providers to improve service delivery.
- Strengthen the link between the many health-related coalitions and partnerships in the regions to work more closely with early childhood providers.
- Better utilize the existing rich data sources already available among providers in the region to better inform service delivery efforts and limit duplication of effort.

### **Parent and Community Awareness of Services, Resources or Support**

Building Bright Futures, the 2007 Statewide Assessment, noted that the passage of First Things First by majority vote demonstrates that Arizonans are clearly concerned about the well-being of young children in Arizona. However, when asked “how well informed are you about children’s issues in Arizona,” more than one in three respondents say they are not informed. A 2007 survey of families conducted for Valley of the Sun United Way indicated that young parents rely heavily on the Internet as well as family and friends for information on resources and support services. Traditional models of the phone book, magazines, governmental or contract agencies were of low utility for parents. The majority of families surveyed reported soliciting referral advice and information from friends and relatives. In this study, parents reported general satisfaction with their child care provider. However, 20 percent reported that they were looking for alternative child care providers. This may be due in part to the distances parents travel to their providers. Families in the study drive an average of 13 miles one way to their care provider.

### **Additional Indicators of Interest to the Regional Council**

Other future data of interest to the South Phoenix Region include:

- Identifying barriers and gaps in services being provided in the community, schools, health facilities, child care centers, certified homes, Kith and Kin, nannies, unlicensed child care, etc.

- Identifying assets within the community such as partnerships, organizations, community centers, etc.
- Having more data specific to areas within the South Phoenix region like Maryvale, Laveen, and South Phoenix.
- Having a better understanding of poverty and its consequences in the region
- More information about and understanding of family support.
- More information about specialty staff (i.e., speech therapists) and non-traditional staff that can be used as resources.





# Appendices

## Chart of Regional Assets – South Phoenix

Agencies/Coalitions				
AEFF South Central Phoenix Partnership	Various Programs/Agencies serving south and central phoenix	Phoenix	AZ	-----
Arizona Association of Supportive Child Care	3910 S. Rural Road, Suite E	Tempe	AZ	85282
La Leche League of Arizona	ON CALL/ Meetings/Trainings Rotated	Phoenix	AZ	-----
Maricopa Integrated Health Systems	2525 E. Roosevelt St.	Phoenix	AZ	85008
Southwest Human Development	2850 N. 24th St.	Phoenix	AZ	85008
West Side Food Bank, St. Mary's	2831 N. 31st Ave.	Phoenix	AZ	85009
West Side Food Bank, St. Mary's	4211 N. 43rd Ave.	Phoenix	AZ	85031
Colleges				
South Mountain Community College	7050 South 24th St.	Phoenix	AZ	85042
Hospitals/Clinics				
Banner Estrella	9201 W. Thomas Rd.	Phoenix	AZ	85037
Maryvale Hospital Medical Center	5102 W. Campbell	Phoenix	AZ	85031
Mountain Park Community Health Center	635 E. Baseline Rd.	Phoenix	AZ	85042
Mountain Park Community Health Center	4616 N. 51st Ave., Suite 203	Phoenix	AZ	85031
The Neighborhood Christian Clinic	1929 W. Fillmore St.	Phoenix	AZ	85009
Schools				
Cartwright Elementary School District	3401 N. 67th	Phoenix	AZ	85033
Fowler Elementary School District	1617 S. 67th Ave.	Phoenix	AZ	85043
Laveen Elementary School District	5001 W. Dobbins Rd.	Laveen	AZ	85339
Isaac Elementary School District	3348 W. McDowell Road	Phoenix	AZ	85009
Pendergast Elementary School District	3802 N. 91st Ave.	Phoenix	AZ	85037
Riverside Elementary School District	1414 S. 51st Ave.	Phoenix	AZ	85043
Roosevelt School District	6000 S. 7th St.	Phoenix	AZ	85042
Tolleson Elementary School District	9261 W. Van Buren	Tolleson	AZ	85353
Community Centers				
Desert West Community Center	6501 W. Virginia	Phoenix	AZ	85035
Golden Gate Community Center	1625 N. 39th Ave.	Phoenix	AZ	85009
Hayden Neighborhood Recreation Center	420 W. Tamarisk Ave.	Phoenix	AZ	85041
Hermoso Recreation Center	2030 E. Southern Ave.	Phoenix	AZ	85040
John F. Long Community Center	3454 N. 51st Ave.	Phoenix	AZ	85031
Maryvale Community Center	4420 N. 51st Ave.	Phoenix	AZ	85035
South Mountain Community Center	212 E. Alta Vista Rd.	Phoenix	AZ	85040
Libraries				
Cesar Chavez Library	3635 W. Baseline Rd.	Phoenix	AZ	85339
Desert Sage Library	7602 W. Encanto Blvd.	Phoenix	AZ	85035
Ocotillo Library	102 W. Southern Ave.	Phoenix	AZ	85041
Palo Verde Library	4402 N. 51st Ave	Phoenix	AZ	85031
Faith-Based Organizations				
Tanner Chapel A.M.E. Church	20 S. Eighth Street	Phoenix	AZ	85034
Pilgrim's Rest	1401 E. Jefferson	Phoenix	AZ	85034

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